ALABAMA MEDICAID AGENCY

REQUEST FOR PROPOSALS

RFP Number: 2019-PMO-01	**RFP Title:** **PMO Services RFP**
RFP Due Date and Time: **8/29/2019 by 5:00pm Central Time**	**Number of Pages: 176**

PROCUREMENT INFORMATION

Project Director: Shannon Crane	**Issue Date: 05/28/2019**
Phone: (334) 353-5482 **E-mail Address:** PMORFP@medicaid.alabama.gov **Website: http://www.medicaid.alabama.gov**	**Issuing Division: Fiscal Agent Policy and Systems Management**

INSTRUCTIONS TO VENDORS

Return Proposal to: **Shannon Crane** **Alabama Medicaid Agency** **Lurleen B. Wallace Building** **501 Dexter Avenue** **PO Box 5624** **Montgomery, AL 36103-5624**	**Mark Face of Envelope/Package:** **RFP NUMBER: 2019-PMO-01** **RFP Due Date: 08/29/2019 by 5:00pm Central Time** **Firm and Fixed Price: List total for Year 1,Year 2, Year 3, Option Year 1, Option Year 2, and the Grand Total**

VENDOR INFORMATION
(Vendor must complete the following and return with RFP response)

Vendor Name/Address:	Authorized Vendor Signatory: (Please print name and sign in ink)
Vendor Phone Number:	Vendor FAX Number:
Vendor Federal I.D. Number:	Vendor E-mail Address:

Section A. RFP Checklist

1. _____ **Read the *entire* document.** Note critical items such as: mandatory requirements; supplies/services required; submittal dates; number of copies required for submittal; licensing requirements; contract requirements (i.e., contract performance security, insurance requirements, performance and/or reporting requirements, etc.).

2. ____ **Note the project director's name, address, phone numbers and e-mail address.** This is the only person you are allowed to communicate with regarding the RFP and is an excellent source of information for any questions you may have.

3. ____ **Take advantage of the "question and answer" period.** Submit your questions to the project director by the due date(s) listed in the Schedule of Events and view the answers as posted on the WEB. All addenda issued for an RFP are posted on the State's website and will include all questions asked and answered concerning the RFP.

4. ____ **Use the forms provided**, i.e., cover page, disclosure statement, etc.

5. ____ **Check the State's website for RFP addenda.** It is the Vendor's responsibility to check the State's website at www.medicaid.alabama.gov for any addenda issued for this RFP, no further notification will be provided. Vendors must submit a signed cover sheet for each addendum issued along with your RFP response.

6. ____ **Review and read the RFP document again** to make sure that you have addressed all requirements. Your original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and will be used to score your response.

7. ____ **Submit your response on time.** Note all the dates and times listed in the Schedule of Events and within the document, and be sure to submit all required items on time. Late proposal responses are ***never*** accepted.

8. ____ **Prepare to sign and return the Contract, Contract Review Report, Business Associate Agreement and other documents** to expedite the contract approval process. The selected vendor's contract will have to be reviewed by the State's Contract Review Committee which has strict deadlines for document submission. Failure to submit the signed contract can delay the project start date but will not affect the deliverable date.

This checklist is provided for assistance only and should not be submitted with Vendor's Response.

Section B. Schedule of Events

The following RFP Schedule of Events represents the State's best estimate of the schedule that shall be followed. Except for the deadlines associated with the vendor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates and will be impacted by the number of proposals received. The State reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at www.medicaid.alabama.gov.

EVENT	**DATE**
RFP Issued	05/28/2019
Round One Questions Due by 5 PM CT	06/17/2019
Round One Posting of Question and Answers	07/01/2019
Pre-Bid Conference Notification Forms (located in the Procurement Library) Due by 5:00 PM CT	07/05/2019
Mandatory Pre-Bid Conference • ***Notification form submission required***	07/11/2019
Round Two Questions Due by 5 PM CT	07/26/2019
Round Two Posting of Questions and Answers	08/12/2019
Proposals Due by 5 PM CT	08/29/2019
Evaluation Period	08/30/2019
CMS Approval	10/05/2019 – 01/06/2019
Contract Award Notification	TBD
*Contract Review Committee	TBD
Official Contract Award/Begin Work	TBD

* By State law, this contract must be reviewed by the Legislative Contract Review Oversight Committee. The Committee meets monthly and can, at its discretion, hold a contract for up to forty-five (45) days. The "Vendor Begins Work" date above may be impacted by the timing of the contract submission to the Committee for review and/or by action of the Committee itself.

Section C. *Mandatory Pre-bid Conference*

There will be a mandatory in-person pre-bid conference to discuss the Scope of Work and proposal response requirements, with all Vendors interested in submitting a proposal in response to this RFP. All Vendors are required to submit a Pre-Bid Notification form for the pre-bid conference by July 5, 2019 to PMORFP@medicaid.alabama.gov. The Vendor submitting the Proposal or its representative must register in-person as required at the site of this mandatory conference.

A Proposal submitted by a Vendor which failed to attend the mandatory conference and register as required will be rejected upon receipt.

The mandatory conference will be held at the Alabama Department of Archives and History, 624 Washington Ave., Montgomery, AL 36104, 1:00 PM CT on 07/11/2019. Vendors will have the opportunity to ask questions during the conference. The Agency may respond to questions during the conference, and will post written responses.

THE VENDOR MUST COMPLETE THE MANDATORY VENDOR CONFERENCE NOTIFICATION LOCATED IN THE PROCUREMENT LIBRARY AND SUBMIT TO PMORFP@medicaid.alabama.gov **VIA EMAIL BY THE DATE SPECIFIED IN THE SCHEDULE OF EVENTS.**

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I. Background

A. Program Approach

The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified Proposers to provide Program Management, Business Analysis Enterprise Architecture and Organizational Change Management services for the modular Medicaid Management Information System (MMIS) implementation project. The Program Management Office (PMO) Vendor must provide sufficient resources to perform these services throughout the Alabama Medicaid Modular Implementation (AMMI) project and meet the timelines as required by the State.

Alabama Medicaid Modular Implementation

The goal of the Alabama Medicaid Modular Implementation project is to move away from a monolithic system approach and instead to implement a modular Medicaid Management Information System (MMIS) with the information, infrastructure, tools and services necessary to efficiently administer Alabama Medicaid programs, using a combination of technology-based procurements, related services and business process outsourcing. Our vision for the future is that the improved MMIS will enable us to improve member health outcomes. To achieve this, the AMMI must have the capability to support informed and timely decision-making, both at the policy administration level and at point of care, while promoting service coordination, transparency and accountability.

The AMMI project will support the State in meeting the requirements for Federal Financial Participation (FFP) for the design, development, installation and enhancement of mechanized claims and encounter processing and information retrieval, as specified under 42 CFR 433.112, by implementing a modernized and modular system that meets the conditions specified by federal regulation.

Business Intelligence and Data Analytics: The AMMI project for the new MMIS will include an enterprise data services component encompassing business intelligence, analytics and enterprise data management. The goal of this component is for the State to have ready and flexible access to accurate, timely information needed to support reporting, support insightful management of the Medicaid enterprise, evaluate performance, enable cost savings, inform policy and process decisions, and enable population health management and outcomes-focused approach to benefit delivery and management.

Service Focused: The new MMIS modules that are implemented should be able to be modified by user configurations, rather than through constant custom coding that would result in yet another one-off MMIS, and should offer adaptable services that can take advantage of evolving technology and/or expanded capacity, and allow for solutions that are designed to allow Commercial-Off-The-Shelf (COTS) products to be installed, configured, integrated, and upgraded through scheduled releases when such installations are appropriate and to the State's advantage.

Accountability and Measurement: The AMMI project must be designed and implemented to enable accurate assessment, measurement and reporting on the Medicaid program. In addition, the State seeks solutions that facilitate adoption of a population health management approach to Medicaid and its related programs. This means a movement away from the traditional transaction-focused MMIS and toward a modular MMIS with the information to assess health outcomes and program impact across traditional programmatic silos.

Medicaid will use a modular approach to create a framework aligned with the current version of Medicaid Information Technology Architecture (MITA). Comply with Center for Medicare and Medicaid Services (CMS) Standards and Conditions (S&C), and promote the use of industry standards for information exchange and interoperability, providing a seamless business services environment for users. Provide the tools required to assist the State in effectively managing the Medicaid and related health service programs.

Objectives for the AMMI project include:

- Adaptability: As noted previously, the project is intended to encompass technology-enabled elements and services, as well as business process outsourcing. The State's goal in adopting this approach is to provide an extensible, flexible, and soundly designed framework that can adapt over time to changing programmatic needs, approaches and technologies. The project must be standards-based to facilitate interoperability and maintainability. The State seeks to implement a flexible, rules-based, modular, configurable MMIS to enhance decision-making and increase management efficiencies. The State seeks a Service Oriented Architecture (SOA) platform that will bring interoperability of service-based modules to support modernization and continual enterprise evolution without restricting its ever-changing business needs. In addition, the State seeks a highly configurable and flexible platform that can enable the expansion of technological capabilities to other state and federal agencies.
- Sustainability: Working hand-in-hand with the adaptability objective, the State seeks a project that can be efficiently sustained and affordably maintained throughout its life, while offering enhanced program support and customer experience. It is imperative that a balance is achieved to deliver a modular and extensible MMIS, while sustaining quality data, integrity of Medicaid program operations and offering adaptability to meet changing needs.
- Enterprise MMIS: The project will provide a framework to support the broader enterprise and will serve as an information gateway for all stakeholders. The modular MMIS must support effective automation and paperless transactions across traditional program lines, facilitate data access and exchange in real-time while ensuring privacy and security, and enable effective and timely transfer of information to program users. In addition, the project is envisioned to include a consolidated, easy-to-use and appealing user interface to provide an enhanced customer service experience for Agency users, clients and providers.
- Maximize Enhanced Federal Funding: The project must be designed and implemented to maximize qualification for enhanced FFP for development, implementation and operations.
- Ensure Federal Standards Compliance: The project system must comply with CMS federal standards.
- Obtain Federal Certification: The development and implementation of the system and modules must be done in a way to ensure CMS certification throughout the process for the AMMI project.
- Integration with State-wide IT Systems: The project must be designed to enable interoperability with existing and future enterprise systems.
- Leveraging and Reuse: The project will leverage, reuse and/or share technologies available within Alabama and in other state Medicaid systems where possible and appropriate.

B. Program Overview

1. **Administration of the MMIS**
   Alabama Medicaid Agency implemented the current MMIS System in 2008. In 2009, the Agency requested retroactive certification to 2008 using the original CMS certification guidelines and received it. The Agency's current Fiscal Agent contract ends on September 30, 2020. The Alabama Medicaid Agency was authorized by CMS to release a Request for Bid (RFB) and execute a 7 year Takeover contract for the current MMIS. The Agency must decouple and replace the current MMIS system before the end of the Takeover contract.
2. **Assistance of Other State Contractors**
   Alabama works collaboratively with contractors, vendors, and consultants to provide certain services for the division. The successful PMO Vendor shall work directly with and/or interact electronically with these other contractors, vendors, or consultants. These other contractors include, but are not limited to: claims processing and fiscal agent contractor, Independent Verification & Validation (IV&V) contractor, and various consultants familiar with Medicaid and other federally funded programs.
3. **Fee-for-Service Populations**
   Alabama's Medicaid provides services to its members using the Fee-for-Service (FFS) payment structure. There are some providers that receive a capitation payment for care coordination or care management for selected populations but even when that occurs the payments for services rendered is still the FFS payment model. At this time, Alabama Medicaid does not plan to change this payment structure.
4. **Managed Care**
   Alabama Medicaid does not have traditional Managed Care services. For certain selected populations, the Agency will pay the Provider a capitation payment for care coordination or care management. At this time, the Agency does not plan to implement traditional risk based managed care.
5. **Coordination of Long-Term Services**
   Alabama Medicaid is in the process of implementing Integrated Care Networks (ICNs) for the case management of Long Term Services and Support (LTSS). The ICN program will promote a person-centered approach to care delivery and better integrate the medical and LTSS needs of beneficiaries, allowing them to receive LTSS in the least restrictive setting of their choice. The ICN program aims to achieve the following:

   - Improve education and outreach about LTSS options;
   - Provide more comprehensive and integrative Case Management that drives person-centered planning, enhances quality of life, and improves health outcomes; and
   - Help drive a shift in the percentage of the LTSS population residing in the Home & Community Based Services (HCBS) setting.

   These program objectives are directly linked to the key activities that the ICNs will be performing (e.g., Case Management, education about LTSS options, identifying alternatives to nursing home placement).

II. Alabama Medicaid Overview

The Alabama Medicaid Agency is responsible for the administration of the Alabama Medicaid Program under a federally approved State Plan for Medical Assistance. Through teamwork, the Agency strives to enhance and operate a cost efficient system of payment for health care services rendered to low income individuals through a partnership with health care providers and other health care insurers both public and private.
Medicaid's central office is located at 501 Dexter Avenue in Montgomery, Alabama. Central office personnel are responsible for data processing, program management, financial management, program integrity, general support services, professional services, and recipient eligibility services. For certain recipient categories, eligibility determination is made by Agency personnel located in eleven (11) district offices throughout the state and by one hundred forty (140) out-stationed workers in designated hospitals, health departments and clinics. Medicaid eligibility is also determined through established policies by the Alabama Department of Human Resources and the Social Security Administration. In 2016, approximately 1 million Alabama citizens were eligible for Medicaid benefits each month through a variety of programs.
Services covered by Medicaid include, but are not limited to, the following:

- Physician Services
- Inpatient and Outpatient Hospital Services
- Rural Health Clinic Services
- Laboratory and X-ray Services
- Nursing Home Services
- Early and Periodic Screening, Diagnosis and Treatment
- Dental for children ages zero (0) to twenty (20)
- Home Health Care Services and Durable Medical Equipment
- Family Planning Services
- Nurse-Midwife Services
- Federally Qualified Health Center Services
- Hospice Services
- Prescription Drugs
- Optometric Services
- Transportation Services
- Hearing Aids
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Prosthetic Devices
- Outpatient Surgical Services
- Renal Dialysis Services
- Home and Community Based Waiver Services
- Prenatal Clinic Services
- Mental Health Services

Additional program information can be found at www.medicaid.alabama.gov.

III. General

This document outlines the qualifications which must be met in order for an entity to serve as Contractor. It is imperative that potential Contractors describe, **in detail,** how they intend to approach the Scope of Work specified in Section IV of the RFP. The ability to perform these services must be carefully documented, even if the Contractor has been or is currently participating in a Medicaid Program. Proposals will be evaluated based on the

written information that is presented in the response. This requirement underscores the importance and the necessity of providing in-depth information in the proposal with all supporting documentation necessary.
The Vendor must demonstrate in the proposal a thorough working knowledge of program policy requirements as described, herein, including but not limited to the applicable Operational Manuals, State Plan for Medical Assistance, Administrative Code and CFR requirements.
Entities that are currently excluded under federal and/or state laws from participation in Medicare/Medicaid or any State's health care programs are prohibited from submitting bids.

Terminology
The use of the term "shall" or "must" in the RFP constitutes a "required" or "mandatory" requirement and mandates a response from the Vendor. Failure by the Vendor to respond to any of these requirements in the entire RFP may be considered non-responsive, and if deemed non-responsive may be rejected by Alabama Medicaid Agency.
Where a Section asks a question or requests information (e.g.: "The Vendor **shall** provide…"), the Vendor must respond with the specific answer or information requested.
OR
"The Vendor **must** provide…"), the Vendor must respond with the specific answer or information requested.
The use of the term "may" in the RFP constitutes something that is not "required" or "mandatory" but is up to the Vendor's discretion whether to submit or comply with what is asked for. Not answering something that is stated with "may" will not be considered non-responsive.

Disclaimer
Information contained in the RFP and its exhibits, including amendments and modifications thereto, reflect the most accurate information available to the Alabama Medicaid Agency at the time of RFP preparation. No inaccuracies in such data will constitute a basis for an increase in payments to the Vendor, a basis for delay in performance, nor a basis for legal recovery of damages, either actual, consequential or punitive.

IV. Scope of Work

A. Overview/Statement of Need

This RFP is Alabama Medicaid's first step toward a modular MMIS. The Agency has a small but dedicated staff to support the Alabama Medicaid Management Information System (AMMIS) and will require additional resources to assist in this paradigm shift. The PMO Vendor shall be at the center of all future steps toward modularity. This will put the PMO Vendor in the unique position to ensure cohesion, traceability and accountability throughout the life of the contract. The PMO Vendor shall have detailed requirements defined below but one primary function of this contract is to provide consistency and structure during our transition to Modularity.

The Agency encourages the PMO Vendor to propose the best solutions available to meet the needs of the Alabama Medicaid program and to perform their responsibilities in a thoroughly professional and responsive manner. The PMO Vendor shall be required to provide cooperation, support and staffing through the life of the contract, to include any required turnover activities and hand-offs to the Agency or another vendor.

Alabama Medicaid wants a PMO that will help to create a positive work environment for all vendors and the Agency. The PMO Vendor will lay the groundwork for the MMIS Transition team by defining roles and maintaining a responsibility assignment matrix or RACI (Responsibility, Accountability, Consulted and Informed) chart as part of the PMO Project Management Plan. As the facilitator for all multi-vendor meetings, the PMO Vendor shall encourage open and constructive communication, as well as recognize team successes.

The sections below contain specifications defined by the Agency. These specifications apply to the AMMIS including any ancillary systems or software. There may be additional artifacts/specifications/requirements identified in the Project Management Body of Knowledge (PMBOK); as an industry-best-practice; requested by CMS or the IV&V vendor and any items that are specified by updates to the Medicaid Enterprise Certification Toolkit (MECT) or Medicaid Information Technology Architecture (MITA). These additional artifacts/specifications/requirements, if requested, shall be included in this firm fixed price contract.

The timeframes used in the specifications below and the timeframes to be used by the PMO Vendor shall be business days or hours unless they are specifically stated otherwise.

The contract areas of responsibility consist of the following:

1. Requirements and Business Process Management
2. Program Management Office
3. Enterprise Architecture
4. Organizational Change Management

Modular MMIS Procurement Strategy

Alabama has made the decision to modernize the existing MMIS by replacing it using loosely coupled modules as required by CMS. Alabama will organize the project around modules and into cohorts which align to the project schedule. Each project schedule shall ensure that the replacement modules are operational by October 1, 2025 which coincides with the expiration of the Fiscal Intermediary MMIS Takeover contract to be awarded during the year of 2019.

The current MMIS provides the Alabama Medicaid Agency with fiscal agent services focused on fee-for-service claims processing. Additionally, several contracts are in place and managed by the Agency's various program areas. Following is a list of contracts with current expiration dates, not including option years.

Contract	Current Expiration Date
Electronic Visit Verification services for Home and Community Based Waivers plus Long Term Services & Supports	December 31, 2021
Third Party Liability	December 31, 2019
Prior Authorization services for Durable Medical Equipment (DME), Medical Services, ambulance, private duty nursing, and appeals	September 30, 2021
Radiology Prior Authorizations	October 31, 2020
Cardiology Prior Authorizations	June 30, 2019
Pharmacy Prior Authorizations	October 31, 2020
Dental Prior Authorization	March 31, 2021

The Alabama Medicaid Agency worked with CMS to develop a forward looking strategy to complete the transition to a modular MMIS within six (6) years from the execution of the 2019 Takeover contract. Our first step towards this will be to issue this PMO RFP.

The Agency's second step towards the transition to modularity will be to bring on a System Integrator that will provide the framework to be used for all additional vendors. This framework must be in place before we move further into issuing RFPs. The PMO and the System Integrator will work together to assist Alabama Medicaid in finalizing the plan to transition to modularity.

The MMIS Core team met with multiple business areas over two months during the first part of 2018. In these meetings, we identified the pros and cons concerning their transition to modularity. Many areas were very interested

in the benefits they would receive from this transition. The list below indicates the areas that the Agency would like the PMO Vendor to explore. These are the areas that the Agency feels would benefit the most from this transition.

- Medicaid and the PMO Vendor will explore the following modules:
    - Enterprise Data Warehouse (Cohort 1)
    - Provider Management (Cohort 2)
    - Program Integrity (Cohort 3)
    - Member Communication (Cohort 4)
    - Base MMIS (Cohort 5)

The modular breakout schedule is subject to change following an evaluation to be completed by the PMO service and System Integrator.

Alabama is developing its new MMIS in accordance with CMS' MITA and with CMS SCS modularity standard. The AMMI project will be realized through multiple vendors who provide services, and in some cases technology, via interoperable modules to collectively address business functions of the enterprise MMIS. The PMO Vendor will play a crucial role in ensuring that the various modules function as required, and will work with the State, the IV&V Contractor, other AMMI vendors and CMS, as required, to perform this work. Development of the MMIS replacement strategy is continuing in accordance with a schedule built around PMO and System Integrator contracts. The PMO Vendor shall define requirements, the procurement strategy and procurement schedule, provided below, based upon the planned use of multiple modules – encompassing both technology-based elements and business process outsourcing – to replace the existing MMIS with an enterprise framework that can accommodate additional service requirements over time. All work is being correlated to the MITA framework, building upon the State Self-Assessment (SS-A) completed in November 2016. The AMMI project will use the Medicaid Enterprise Certification Toolkit including the MMIS module checklist set. See the MITA Roadmap located in the procurement library.

High Level Procurement Schedule

Procurements	**Award Made**
IV&V Onboard	FY 2018 (Awarded)
MMIS Takeover Implementation and Maintenance and Operations	FY 2019
PMO Services	FY 2019
System Integrator	FY 2019
Enterprise Data Warehouse (Cohort 1)	FY 2020
Provider Management (Cohort 2)	FY 2020
Program Integrity (Cohort 3)	FY 2022
Member Communication (Cohort 4)	FY 2022
Base MMIS (Cohort 5)	FY 2021

Note: The modular breakout schedule is subject to change following an evaluation to be completed by the PMO service and System Integrator including CMS approval.

Base MMIS includes:

- ***Claims (Fee For Service & Encounter)***
- ***Financial***
- ***Reference***
- ***Dental Management***
- ***Pharmacy Management***
- ***Drug Rebate***
- ***Managed Care***
- ***Recipient (Long Term Care, Early and Periodic Screening, Diagnosis and Treatment)***
- ***Recipient Accounts Receivable***
- ***Third Party Liability***
- ***Prior Authorization***
- ***Drug Utilization Review (DUR)***

- ***Medical Services***
- ***Management and Administrative Reporting (MAR)***

The PMO Vendor will work closely with the Medicaid Project Portfolio Management Office (PPMO) which is responsible for the overall Agency project management governance. The PMO Vendor shall also be required to work with the MMIS Core team which includes contract management, contract oversight and contract compliance. See Appendix G – PMO – MMIS Modularity.

Conflict of Interest Exclusion
The PMO Vendor (and its subcontractors) is prohibited from soliciting, proposing, subcontracting, partnering, or being awarded any other contracts related to the Alabama MMIS modularity project. This exclusion extends to any other project within Alabama Medicaid that may interact with or otherwise provide services to the subject project solutions during the full term of this contract. The primary purpose of this exclusion is to ensure neither the State nor the PMO Vendor find themselves involved with any real or perceived conflicts of interest. Such conflicts of interest could be alleged if the PMO Vendor is found to be providing oversight and/or reviewing work products, deliverables, and/or processes for which it is currently, or was previously, responsible to plan, design, develop, implement or operate.
The PMO Vendor must submit a statement that they have an understanding of the Conflict of Interest Exclusion prohibiting the Vendor from responding to any other contracts related to the Alabama MMIS modularity project.

B. Physical Location

The Agency shall provide workspace and meeting spaces for the PMO Vendor. The PMO Vendor shall be required to adhere to all applicable Agency policies and procedures. The Agency has strict procedures for things such as badge use, exiting and entering the building, and elevator access. PMO Vendor personnel having access to an Alabama Medicaid Agency building or office shall be subject to background checks at the vendor's expense. The PMO Vendor shall be responsible for their own parking.
The Vendors may inspect the work site. The inspection must be scheduled by e-mailing a request to PMORFP@medicaid.alabama.gov. The Vendor will be contacted to make arrangements to view the site.
The PMO Vendor's access to certain state properties requires escort by an authorized State employee or contractor. It is the responsibility of the PMO Vendor to coordinate escorted access through the Medicaid Service Desk. Escort requests shall include the business name and contact information, location being visited, reason for visit, date, time, and duration of visit, and name of person escorting. Unescorted access requires a state and national fingerprint-based background check performed by ALEA and completion of appropriate security awareness training, the costs for which shall be borne by the PMO Vendor.

C. Personnel

The State expects that the PMO Vendor personnel shall have relevant knowledge required for the assigned job classification. The PMO Vendor's personnel must be qualified, allocated, present, focused and fully engaged in supporting their assigned tasks and deliverables. The PMO Vendor's personnel must be professional and work well with the Agency, other State Agencies and other vendors. The PMO Vendor must receive Agency approval to change an individual's job classification at any time during the life of this contract. The PMO Vendor's personnel for this contract shall not work on this contract when they are outside the continental United States.

The PMO Vendor shall provide the personnel in sufficient quantity to provide consistent and high quality artifacts/deliverables and to support the work products even during periods when multiple projects are active. The Agency will consider suggestions for alternative alignment of duties within the submitted proposal or additional positions. Changes to the proposed positions, staff and responsibilities shall be allowed only with prior written permission from the Agency and with the PMO Vendor's assurance that the changes shall not increase the cost, cause project delays or negatively impact the project in any way. The PMO Vendor shall maintain a staffing level necessary

to perform all the specifications, functions, requirements, roles and duties defined in this Statement of Work regardless of the level of staffing included in this RFP. Failure to meet the specifications/requirements below shall result in the request for a Corrective Action Plan. See Section IV.F.9. Corrective Action Plans for the detail concerning this.

For the purpose of this contract, the term "Key Personnel" refers to contract personnel deemed by the Agency to be essential to the satisfactory performance of this contract. All key personnel shall be employed by the PMO Vendor and be present full time at the Agency's Montgomery office from the start date throughout the life of the contract. Any changes to this must be approved by the Agency. The key personnel must be one hundred percent (100%) dedicated to this contract unless the Agency approves them as part time. The Agency shall reserve the right to conduct a personal interview with any key personnel prior to the start of the contract and request replacement of personnel at any time during the contract. Key personnel resumes and three (3) professional references must be submitted within the response. The professional references must be from a project administrator or service official who is directly familiar with and has first-hand knowledge of the employee's performance, work products and responsibilities that has occurred in the last five (5) years. The reference may not be someone that is currently working for the PMP Vendor or their subcontractors. The reference must contain the Agency or company name, contact name, current telephone number, e-mail address and a brief description of the engagement and associated dates. The Agency retains the right to approve or disapprove key personnel or replacements for key personnel. The Agency requests the PMO Vendor to include a signed letter of commitment for the key positions identified in this RFP within the response. The proposed personnel shall be committed to supporting and performing their assigned duties as related to this project. A Key Personnel Letter of Commitment of can be found in Appendix D.

All Project Personnel shall have workspace provided by the Agency. The PMO Vendor shall provide adequate coverage for all business areas during the Agency normal work hours of 8:00 A.M to 5:00 P.M Central time, Monday through Friday. The Program Manager must be available as needed to fulfill responsibilities and meet the State's needs. At a minimum, the Project Leads must be full-time and dedicated solely to the AMMI Project unless the PMO Vendor provides alternative solutions that meet the State's approval. The PMO Vendor must propose key personnel/Project Leads who will be available for the duration of the project. These individuals shall be the primary contacts for the State on a day-to-day basis. The PMO Vendor's staff, including the Program Manager, shall be available for in-person meetings as needed.

The PMO Vendor's key personnel identified in the sections below will be required to work at the Agency location at least 75% of their billable hours. The remainder of the staff shall be required to work at the Agency location at least 25% of their billable hours unless previously approved by the Agency in writing. The Agency shall not require a report on this but reserves the right to request the information if it appears there is a problem. Some areas below identify personnel that must be on-site for specific tasks. The PMO Vendor shall always have the necessary personnel on-site to meet the specifications/ requirements below. The on-site work requirements are subject to change if the Agency determines it is in their best interest to have more personnel on-site. For example, requirements sessions which require direct interaction with stakeholders. The Agency does not pay for travel time, travel expenses, meals or lodging.

During the first eighteen (18) months of the contract, the Agency shall not allow substitutions of key personnel except when a substitution is necessitated by an individual's illness, death, termination, resignation, or as requested by the Agency. In the event it becomes necessary to replace key personnel, the PMO Vendor shall notify the Agency as soon as possible and when possible allow a two (2) week period for knowledge transfer from the key personnel to the replacement personnel at no additional charge to the Agency.

The Agency has identified the contract required personnel in Appendix E: Cost Proposal Template - Template III. Within six (6) weeks of contract signing, the PMO Vendor shall have eighty percent (80%) percent of the contract required personnel dedicated to the project. The PMO Vendor shall have one hundred percent (100%) of the contract required personnel and fifty percent (50%) of all other personnel dedicated to the project at the release of the first RFP (currently this is the System Integrator RFP). If the PMO Vendor falls below eighty percent (80%)

of the contract required personnel at any time after the first six (6) weeks after contract signing, it will result in Corrective Action Plan.

D. Software and Data

1. **Common (Project) Software**
   The PMO Vendor shall use products compatible with Microsoft Windows 10 and Office Suite 2016 or later. This includes software compatible with Microsoft Project 2016 or later as a scheduling software. Any common software used for the AMMI project must be approved by the Agency. The PMO Vendor shall provide the Agency with ten (10) licenses for the scheduling software used by the PMO Vendor.
2. **Commercial Off-The-Shelf (COTS) Software**
   Any software used during the AMMI project shall be Commercial Off-The-Shelf (COTS) software and not a custom software owned and/or designed by the PMO Vendor. All software used shall require Agency approval before it may be used on the AMMI project. The Agency shall request the PMO Vendor to provide a recommendation for COTS software. The PMO Vendor shall submit a minimum of three (3) recommendations. The initial cost, update costs, and patch costs are to be billed separately and accompanied by a purchase invoice from the COTS Vendor. Each COTS software recommendation shall include the following:
   - Software information including literature
   - Contact information for software references (States preferred)
   - Software cost
     - Initial cost
     - Yearly maintenance cost
     - Update/release/patch cost
     - Configuration cost assessment
   - Map of requirements to software features
   - Software assumptions, risks and constraints

   If configuration cost are not part of the initial software install, the PMO Vendor shall provide a Configuration cost assessment that identifies the tasks, roles and hours required for the software configuration. This Configuration cost assessment will use the rate for each role as identified in Appendix E: Cost Proposal Template - Template III and it will be the maximum amount the Agency will be charged for configuration. The PMO Vendor shall provide a separate monthly invoice for the hours by role that are associated with the configuration task. At no time shall the invoiced hours exceed the hours on the Configuration Cost Assessment.
   Any PMO Vendor recommended COTS software must allow the Agency and any other vendors on the modularity project free full access and rights to the product. Any functional limitations or exclusions must be approved by the Agency prior to the limitation or exclusion being applied. . The Agency shall have the same administration/configuration rights as the PMO Vendor and shall be included in all training provided on the software. The COTS software must be licensed in the name of the Alabama Medicaid Agency and it shall remain with the Agency even after the end of this contract, to include all data populated in said software (where applicable). The PMO Vendor shall be responsible for maintaining the software and ensure it stays current on patches/releases/updates. The PMO Vendor shall apply patches, releases and/or updates within thirty (30) calendar days of the release. The Agency must approve the delay of any patch, release and/or update that is delayed more than thirty (30) days. If there are known problems with the patch, release or update, these should be documented and presented to the Agency with a request to delay the application.
   The COTS software shall have the capability to import data in a common, industry standard file format such as comma delimited. It shall also have the capability to export all data that is maintained or housed in the COTS into a common, Agency approved file format.

Unless otherwise specified any software obtained shall be handled as a Pass-through expense. See section IX. General Terms and Conditions, FF. Payment.

3. **Data**
   The PMO Vendor may store data related to this project outside of the state of Alabama but it must be within the continental United States.
4. **Data Backups**
   The PMO Vendor shall perform periodic backups of Alabama data on a schedule defined at contract start-up. The backed up data shall be located within the continental United States. The backed-up data shall be provided to the Agency within 5 days of a request without charges, conditions or contingencies. The Agency will work with the PMO Vendor to define the format for the requested data.

E. Hardware

1. **PMO Vendor Provided Hardware**
   The PMO Vendor shall be responsible for providing the hardware needed by their personnel. The Agency will require compliance with all Agency configuration and security policies, this may include periodic scanning by the Agency of the individual notebook/laptop computers. Vendor provided hardware will not be allowed to connect to the state network, unless specifically authorized in writing by the Agency.
   The PMO Vendor's hardware shall be protected by industry standard virus protection software which is automatically updated on a regular schedule. The PMO Vendor shall also install security patches which are relevant to the operating system and any other system software. The Vendor shall use full disk encryption protection. The PMO Vendor shall meet the requirements set forth in the CMS Acceptable Risk Safeguards 3.0. See section IV.F. 4. Security **and** section IV.I.2.l) Medicaid Enterprise Security for more information on security.
2. **Agency Supplied Hardware**
   The PMO Vendor using Agency supplied hardware shall attach to the Agency network and have access to selected network locations. The PMO Vendor shall also have access to the printers and copiers for black and white copies only. Color copies must have Agency approval. Vendor personnel assigned Agency Hardware will be required to sign hand receipts and be fully responsible for the items under their responsibility. This includes reimbursing the Agency for any lost, stolen, or damaged hardware.

   Note: All data residing on Vendor or Agency supplied hardware used to conduct business for the Agency shall be considered Agency property and must be turned over to the Agency upon request or termination of the employee or contract.

F. Common Processes

As a part of the response to this Proposal, the PMO Vendor must describe how they plan to perform each of the following in a max of 20 pages (10 pages front and back) as listed in this Common Processes Section of the Statement of Work. The Vendor's response should specifically address proven methods used in previous projects. The Agency would like the PMO Vendor to focus on specific areas in their response identified in the list below.

- ***Project Overview – Provide a high-level project approach that addresses***
  - ***Section IV.F.2 Detailed Project Initiation and Approach Plan***
  - ***Section IV.F.3 Project Organization and Staffing – Organizational Structure, Staffing Levels, and Staff Experience***
  - ***Section IV.F.4 Security***
  - ***Section IV.F.6 Contract Deliverables***
  - ***Section IV.F.7 Artifact Development and Approval***
  - ***Section IV.F.12 Status Reporting***
- ***Section IV.F.10 Scope Management – Address Project Change Request Plan and Project Change Assessment***
- ***Section IV.F.11 Communication Management***
- ***Section IV.F.15 Data Cleanup and Conversion – Define the approach and methods that will be used to perform data cleanup prior to conversion and convert the data cleanly. Give examples of the contents of Data Clean-up reports and Data Conversion reports produced on previous projects***
- ***Section IV F.16 Post Implementation and Certification Support – Define the approach the vendor will use to support the Agency post implementation. The PMO Vendor should also define how they will support the other vendors in certification to ensure FFP is received back to day one of the implementation***

The section below defines processes that will be used by all areas of this contract – Requirements and Business Process Management, Program Management Office, Enterprise Architecture and Organizational Change Management. Each section will have specific requirements that apply only to that area, but the specifications below are shared by all areas of the contract. The Agency feels these common processes will give consistency to a contract that has multiple areas or teams.

The Agency shall closely monitor the performance of the PMO Vendor during each phase of the project. Medicaid may use professional consulting services to assist Medicaid staff in managing all contract activities. The PMO Vendor shall work with all consulting services or vendors selected by Medicaid. The consulting services and vendors, with Medicaid's approval, shall have access to all artifacts and meetings related to the project. The Agency shall use Corrective Action Plans (CAPs) to address project deficiencies.

1. Project Methodology

The PMO Vendor must be able to support multiple concurrent system development methodologies with different but equivalent tasks. The PMO Vendor must cross-reference the task/artifact list as provided to the methodologies being used by each vendor on the project. The PMO Vendor must ensure each modularity vendor's methodology clearly defines the artifacts, the objective, the entrance, and the exit criteria for each phase in their project schedule. The Agency and its vendors normally use the standard waterfall methodology or a version of the waterfall methodology. This may not always be true of new vendors that are brought on to support the transition to modularity.

2. Detailed Project Initiation and Approach Plan

The PMO Vendor shall develop a Detailed Project Initiation and Approach Plan that defines the project and the strategies that the PMO Vendor's team shall use to achieve the desired objectives. The project approach document will contain at a minimum the following information:

- Summary/Overview
- Goals
- Scope
- Background
- All approach options or approaches discussed with associated risks and constraints
- The selected approach
- Reason for selection
- Assumptions and Dependencies
- Constraints and how to overcome
- Organization and Governance
- Communication Plan
- Quality Plan
- Business Case
- Stakeholders
- Risks and how to mitigate
- Program/Project Controls and metrics
- Benefit Realization Tracking
- Reporting Framework
- PMO Vendor and Agency Sign-off

There will be additional project approach documents required for each area of this RFP. These documents will be required to go into more depth on the specific approach to be used in that area of the contract.

3. Project Organization and Staffing

The PMO Vendor shall develop a project organization and staffing plan that identifies the reporting structure of the PMO Vendor's team and defines the proposed staffing for the remainder of the project. The Agency realizes that there will be different skill sets needed at specific phases of the project. This plan shall define the skill set needed for each phase of the project and how the PMO Vendor shall ensure the required skills are available.

4. Security

The PMO Vendor shall develop a Physical and Data Security Plan that ensures the PMO Vendor shall follow applicable technical standards for physical and data security during AMMI project as prescribed by Medicaid and CMS. These standards are defined in the HIPAA Security Rule located at 45 CFR Part 160 and Subparts A and C of Part 164 and the National Institute of Standards and Technology (NIST) Special Publication 800-53 Security Controls and Assessment Procedures for Federal Information Systems and Organizations, as well as, additional standards based on CMS policies, procedures and guidance, other federal and non-federal guidance resources and industry leading security practices.

The PMO Vendor shall be required to sign a data request form that attests the Alabama Medicaid data will be protected as required by applicable law, such as the HIPAA Privacy Rule, this includes the establishment of appropriate administrative, technical, and physical safeguards to protect the integrity, security, and confidentiality of the data, and to prevent unauthorized use or access to it. The PMO Vendor shall further affirm that such safeguards will provide a level and scope of security that is not less than the level and scope of security requirements established for federal agencies by the Office of

Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems, as well as Federal Information Processing Standard (FIPS) 200 entitled "Minimum Security Requirements for Federal Information and Information Systems" and NIST Special Publication 800-53 "Recommended Security Controls for Federal Information Systems". The PMO Vendor shall acknowledge that the use of unsecured telecommunications, including the Internet, to transmit individually identifiable, bidder identifiable or deducible information derived from the shared file(s) is prohibited. Further, the PMO Vendor shall agree that the data must not be physically moved, transmitted or disclosed in any way from or by the PMO Vendor's site without written approval from the Agency unless such movement, transmission or disclosure is required by a law. See section IV.E.1. PMO Vendor Provided Hardware and IV.I.2.l) Medicaid Enterprise Security for more information on security.

If the PMO Vendor does not follow the security standards outlined, it will result in liquidated damages as defined in IX. General Terms and Conditions, BB. Liquidated Damages.

5. Document Repository

The PMO Vendor shall use an Agency selected content management product for this RFP artifacts/documents. This may initially be the Agency's SharePoint site. If the Agency has not selected a content management product before the start of the System Integrator (SI) contract, then the PMO Vendor shall work with the Agency and the SI to define and document the requirements for a permanent project content management solution that will be used by all vendors. The PMO Vendor shall research available content management products and map the requirements to the product functions. The PMO Vendor shall identify risks and constraints associated with each product. This information will be provided to the Agency with a recommended content management product. The Agency will review the information provided and make a decision. Once the final content management product is selected, the PMO Vendor will be required to move all of their Modularity Project artifacts/documents to the new content management product.

All artifacts shall be stored in an electronic format, made available through a web based content management tool and available for Medicaid download/extract. The content management tool shall be organized to allow easy access to all artifacts. The tool shall retain a minimum of ten (10) versions of each artifact, a date/time stamp, modification/release notes, and modified by User ID for each version. The artifacts shall be accessible to Medicaid users and approved contractors on Medicaid's LAN/WAN, Medicaid & the PMO Vendor's web portal, on-line, and through a document repository tool or other methods as approved by the Agency. The content management tool must provide the ability for the Agency to export the contents to a Microsoft Office product. The PMO Vendor shall maintain or update all artifacts to reflect the current state of the project. Specific documentation standards will be defined during project start-up.

The Agency will select a content management software that allows Application Program Interfaces (APIs) to customize interfaces to other products. If the PMO Vendor requests specific functions in a content management system, this must be identified to the Agency within thirty (30) calendar days of contract signing.

6. Contract Deliverables

Each section of the areas below contain a list of contract deliverables. The list represents the finalized deliverables. It does not address intermediate deliverables or incremental deliverables but they are assumed to be a part of the final deliverable and shall not be priced separately. Each section of the contract shall require a chart depicting the artifacts in a Responsibility Assignment Matrix (RAM) or RACI (Responsibility, Accountability, Consulted and Informed) chart with duties, responsibilities and relationships. The RACI Chart shall include all deliverables defined in this RFP and other RFPs/RFBs created throughout the project. There shall be a project specific RACI chart developed for each implementation or cohort. The PMO Vendor shall be responsible for maintaining and updating all RACI Charts.

Each deliverable shall be oriented, branded and presented as the property of the Alabama Medicaid Agency and shall become a permanent Agency asset. Each deliverable shall be approved by the individuals identified in the RAM chart. The Agency retains final approval authority over all deliverables. The PMO Vendor shall bill the Agency on a per deliverable basis. The Agency shall only pay for deliverables that have been approved.

The Agency may, with written notice to the PMO Vendor request changes in the statement of work that are necessary. The Agency requested changes shall result in the PMO Vendor creating a Project Change Request (PCR). After receipt of the PCR, the PMO Vendor shall respond within 10 business days with a written Project Impact Assessment (PIA). The written PIA shall contain the following information for the PCR:

- Impact to other areas of the contract
- Estimated and Maximum effort required (with associated resources) for completion
- Expected and Maximum schedule for completion
- Maximum cost for completion (must equal the person hours multiplied by the rate for the role)

The PMO Vendor shall not perform any additional work on the PCR until the Agency has approved the PIA. If approved, the Agency will sign the PIA, and it shall constitute a formal change to the statement of work between the PMO Vendor and the Agency.

If required, the Agency shall reimburse the PMO Vendor only for Agency-approved additional actual man-hours. The PMO Vendor shall submit time sheets and other reports as requested by the Agency to document the work performed. The PMO Vendor shall invoice the Agency monthly for the hours expended on Medicaid approved project change requests with the resource rates defined in Appendix E: Cost Proposal Template - Template III. The PMO Vendor billed hours shall not exceed the hours in the PIA document approved by the Agency.

7. Artifact Development and Approval

Specific task artifacts shall have a template proposed by the PMO Vendor based on the project methodology to be used. The template must be submitted to the Agency for approval at least 10 days prior to the PMO Vendor starting work on the deliverable. The templates of all artifacts must be approved by the Agency. In many cases, one template can be used for multiple artifacts. The PMO Vendor shall indicate this when the template is submitted for approval. The PMO Vendor's artifacts, however, shall meet the requirements listed in Part 11 of the State Medicaid Manual and the CMS Certification requirements. The PMO Vendor's artifacts shall also contain all the criteria identified for the specific deliverable. All artifacts defined in this Statement of Work shall meet Agency-approved standards and content requirements. The Agency will accept electronic copies of all deliverables unless otherwise requested. The master version of all artifacts will be retained in an on-line document repository.

Each artifact will be reviewed by the Agency and any other vendor impacted by the artifact. The PMO Vendor must have formal approval from the Agency (e-mail will be accepted) for each artifact identified in this SOW. Medicaid has the option of requesting three (3) types of reviews:

- A Group Artifact Review – the PMO Vendor’s staff shall attend a meeting (in person) with the Agency and walk-through the artifact. The PMO Vendor shall have two (2) people onsite for each meeting – a meeting facilitator and another staff member to take meeting notes and action items. The artifact shall be submitted to the Agency for review five (5) days prior to the group review. The PMO Vendor shall provide call-in and web viewing access for any off-site personnel. The Agency will ask questions and request changes during the review. The artifact may be approved at the conclusion of the review, but the Agency shall have the option of requesting an additional five (5) days to review the artifact. The five (5) day review shall start when the final version of the artifact is delivered to the Agency.
- Remote Review (webinar) – The PMO Vendors staff shall facilitate a meeting on the web to review the artifact. The PMO Vendor shall have two (2) people available for each meeting –

a meeting facilitator and another staff member to take meeting notes and action items. The artifact shall be submitted to the Agency for review five (5) days prior to the remote review. The Agency will ask questions and request changes during the review. The artifact may be approved at the conclusion of the review, but the Agency shall have the option of requesting an additional five (5) days to review the artifact. The five (5) day review shall start when the final version of the artifact is delivered to the Agency.

- Individual Review – The PMO Vendors staff shall submit an artifact to the Agency point of contact for review. The Agency shall have ten (10) days to review the artifact and submit comments. The PMO Vendor may receive comments from multiple reviewers, which must be merged together in the artifact. The PMO Vendor shall have an additional five (5) days to respond to the Agency comments and submit an updated artifact. If the artifact is not approved with the PMO Vendors updated submission, a Group artifact Review shall be required.

Medicaid may request a Group Product Review or remote review for any artifact submitted for an individual review. This request must occur within two (2) days of the artifact submission.
The PMO Vendor shall maintain a log of artifacts submitted, date submitted, date of review (if applicable), name and date of individual approvals and date of final approval.

8. Meeting Protocols

The PMO Vendor shall create a Meeting Protocols reference Guide addressing meeting processes and procedures. This document shall include the meeting information from this RFP as well as other meeting standards defined throughout the project. This document shall be available to everyone on the project team to ensure all meetings are handled properly. An updated or vendor specific Meeting Protocol shall be created for each implementation or cohort within six (6) weeks of contract signing for any new vendors that join the MMIS Transition Project.

All meetings with Agency staff shall require an agenda, a web conference line/link and a list of required attendees. The meeting agenda shall be distributed three (3) business days before the meeting and shall be attached to the meeting invitation. The meetings, agenda ad web conference information are to be part of the meeting invitation that shall be scheduled using the Agency's standard calendar application.
The PMO Vendor shall produce and distribute meeting minutes within three (3) business days of the meeting.
The PMO Vendor shall include Medicaid designated staff and IV&V staff in all applicable meetings.
The PMO Vendor shall work with the Agency to identify designated staff. The Agency realizes that the PMO Vendor might be required to conduct concurrent meetings. If this should occur, the Agency will have representatives in each meeting.
All meetings should be scheduled at least three (3) days before the meeting or as soon as possible if less than three (3) days. If the PMO Vendor does not give Medicaid staff a three (3) day notice, they must contact all of the meeting invitees by phone and e-mail to assess and report on their availability.

9. Corrective Action Plans

Medicaid shall closely monitor the timely and adequate performance of all vendors during each phase of the Statement of Work. The Agency will use Corrective Action Plans (CAPs) for performance deficiencies. The Agency shall closely monitor any CAPs from the PMO Vendor. CAPs requested from other vendors on the project shall be monitored by the Agency and the PMO. The CAP must be finalized and submitted to the Agency within five (5) days of a request for the plan and approved within five (5) days of the initial submission. The CAP shall be discussed in depth during status meetings. If the PMO Vendor fails to produce the CAP or to successfully execute the CAP, liquidated damages shall be assessed as defined in IX. General Terms and Conditions, BB. Liquidated Damages.

10. Scope Management

The PMO Vendor shall develop a Scope Management Plan that defines the processes and procedures used to ensure that all required tasks are completed and out-of-scope tasks are identified. The Scope Management plan shall define the processes the PMO Vendor shall use for any out-of-scope tasks. The Plan shall provide details on how the project scope will be defined, developed and verified. The plan shall clearly identify who is responsible for managing the project's scope and act as a guide for controlling the scope.

The PMO Vendor shall develop a Project Change Request Plan. The plan shall be finalized and submitted to the Project Control Board (PCB) for approval within six (6) weeks of contract signing. The plan shall be reviewed every six (6) months for the life of the contract and resubmitted to the PCB for approval.

If the PMO Vendor considers a task to be out of scope for the contract, the PMO Vendor shall identify and document in writing the scope of work issue. The PMO Vendor shall specify the basis upon which an issue is considered to be out of scope, including appropriate RFP or requirement references.

The PMO Vendor shall not work on any task that is outside the scope of the contract without prior written approval from the Agency. The PCB shall require a high level Project Change Assessment (PCA) to be submitted with any Project Change Request (PCR). A detailed PCA will not be required until after the PCB has approved the change. The PCA shall include a business justification, all areas of the project impacted, a draft of the updated requirements, and the project impact in time/ hours. Requirements stand as defined in this RFP unless the PMO Vendor receives approval from the Agency's PCB to make a change.

If after contract signing, the Agency determines that tasks are not needed or there are duplicated tasks between vendors, the Agency reserves the right to make changes or modifications as long as the work effort does not exceed the original estimated effort. See section IV.F.6. Contract Deliverables for increases in contract scope.

11. Communication Management

The PMO Vendor shall develop a Communication Management Plan. The Plan shall define the communication requirements for the project and document the processes that will be used for distribution and gathering stakeholder feedback. The purpose of a Communication Management Plan is to:

- Define Stakeholder communication requirements
- Define and document the best type of communication or delivery vehicle
- Handle recurring and triggered communications
- Define Communication standards for the project
- Define the Communication approval process
- Promote awareness of and excitement for the project
- Ensure adoption of the responsibilities and actions assigned to each stakeholder
- Encourage two-way communication about the project between the project teams and Agency stakeholder groups
- Completion and use of the Communication Matrix

This Communication Management Plan sets the communications framework for the project. It serves as a guide for communications throughout the life of the project. This is a working document and shall be updated as communication needs change. This plan identifies and defines the stakeholders with whom it is critical to communicate. It also contains a Communication Matrix which maps specific messages to stakeholders or stakeholder groups. The items captured on the Communications Matrix are then built into the Project Schedule.

The communication Matrix shall contain at a minimum the following information:

- Communication Artifact/Deliverable

- Target Audience
- Description of communication deliverable
- Objective or desired outcome
- Communication/delivery vehicle
- Owner/Creator of the Artifact/deliverable
- Identify Stakeholder review and approval requirements
- Frequency
- Distribution/sender
- Effectiveness (1=Poor, 5=excellent)

12. Status Reporting

The Agency will closely monitor the PMO Vendor's activities as well as all other vendors on the project. This is accomplished by monitoring the schedule, reviewing status reports, and attending status meetings. The PMO Vendor shall work with the Agency to define the content of the status reports. The PMO Vendor will develop the status report template, finalize it and submit it to the Agency for review and approval four (4) week from contract signing. If new vendors necessitate modifications to the status report, the PMO Vendor shall update, finalize and submit the modified template to the Agency four (4) weeks from the new vendor contract signing. The updated template shall be distributed to all vendors on the project with a start date. The Agency shall review all artifacts and provide comments, when applicable. All vendor artifacts including the PMO Vendor artifacts must receive Agency approval.

The PMO Vendor shall meet with the Agency every two (2) weeks to review their status reports. The PMO Vendor shall deliver their written status reports and updated project schedules by 9:00 a.m. three (3) business days before the status meeting. The PMO Vendor's status report shall address all four (4) areas of their contract. For each area of their contract, the PMO Vendor shall identify task(s) behind schedule, tasks ahead of schedule, tasks completed, tasks in work and tasks scheduled for the next 4 weeks. The status report shall use color indicators to provide a quick view of the health of the project. The status report shall also address project issues, project risks, CAPs, action items, any outstanding deliverables, contract expenses utilized, expenses remaining, etc.

The PMO Vendor shall schedule all other vendor status meetings the same week as the PMO status meeting. All vendor status meetings shall occur every two (2) weeks. The PMO Vendor shall review the project status reports and participate in the status meetings with other vendors. The PMO Vendor shall assist the Agency in identifying any issues, following up on action items and providing insight to trouble areas. The PMO Vendor shall also be responsible for creating a consolidated status report that includes an overall health check report as well as vendor issues, action items and trouble areas. The consolidated status report due date shall be defined by the PMO Vendor and the Agency working together but the Agency would prefer the Friday of the same weeks as the status meetings. The status reports shall use color indicators to provide a quick view of the health of the project and it shall be reviewed during a meeting with the Agency. The consolidated status report or a version of the report shall be available to the Agency for possible submission to CMS. The consolidated report and project health status report shall be reviewed with the Agency every two (2) weeks during a regularly scheduled meeting. The Project Health Check report shall also be available on the Executive dashboard (See section IV.F.20 for more information on the Executive Dashboard).

13. CMS

The PMO Vendor shall be responsible for preparing for all CMS meetings (See section IV.F.8 Meeting Protocols for meeting specifics). The Agency will be following the Modular CMS Medicaid Enterprise Certification Lifecycle (MECL). Link is below:
https://www.medicaid.gov/medicaid/data-and-systems/mect/

The PMO Vendor shall create a meeting agenda and verify all materials to be shared with CMS, regardless of the owner/creator of the material. Any questions concerning the material shall be discussed with the Agency before scheduling the meeting. The agenda and any meeting materials to be reviewed shall be attached to the meeting invitation. The PMO Vendor shall be responsible for scheduling the meeting room and ensuring all required parties are in attendance as well as any other task associated with the meeting preparations. The PMO Vendor shall take meeting minutes during the meetings with CMS, identify action items and assign action items. The PMO Vendor shall also be responsible for following up to ensure the action items are completed and CMS receives any requested information as soon as possible.

14. MITA

The PMO Vendor shall work with the Agency to define and document the requirements for a non-proprietary or transferable commercial off-the-shelf (COTS) MITA management software tool. The tool shall be compatible for working in a multi-vendor environment. The PMO Vendor shall research available tools and map the requirements to the tool functions. The PMO Vendor shall identify risks and constraints associated with each tool. This information will be provided to the Agency with a recommended MITA management tool. The Agency will review the information provided and make a decision. The tool shall also be compatible for importing from and exporting to Microsoft Office products. See section IV. D.2 Commercial Off-The-Shelf (COTS) Software for more requirements on the tool.

The PMO Vendor shall also participate in the MITA reviews and indicate any changes or updates that need to be made to current and subsequent versions of MITA. The PMO Vendor shall use nationally recognized business process management standards. There are other MITA related tasks for the PMO Vendor defined in the sections below.

15. Data Cleanup and Conversion Management

The PMO Vendor shall develop a data Cleanup and Conversion Management Plan. The plan shall define how the PMO Vendor shall be actively involved in managing and providing guidance for all data cleanup and conversion activities. During the initial phase of the contract, the PMO Vendor shall be responsible for defining the requirements needed for data cleanup and conversion from the MMIS and all ancillary systems. The data cleanup and conversion requirements shall be included in the applicable RFPs/RFBs going forward.

The PMO Vendor shall provide guidance and written recommendations regarding data sources, data modeling, data analysis, data cleanup and data conversion plans. The PMO Vendor shall also address written recommendations regarding the process, scheduling, and timelines for data cleanup and conversion, as well as identify issues and obstacles with suggested solutions.

Due to the critical nature of the MMIS data, the PMO Vendor shall have experience in projects involving the data clean up and conversion from large complex systems. The data conversion strategy and plans will be deliverables for future RFPs/RFBs. However, the PMO Vendor shall manage all business and vendor activities and schedules related to data cleanup and conversion plans. The plan shall include at the minimum, the objectives, strategy, standards, methods, procedures, roles responsibilities, data requirements, data mapping and designs, exception handling, risks & mitigation strategies, data conversion procedures and controls, data cleansing, conversion rollout, reports for conversion results, accuracy rates, and statistics and data conversion schedule.
In addition, the PMO Vendor shall monitor, track, confirm and report on all results from test and production conversion runs and validate that results are accurately reported including full and interim

conversion runs. The PMO Vendor shall produce a Data Clean-up report and a Data Conversion report within three (3) days of each conversion run. The format and content of the Data Clean-up Report and the Data Conversion report will be defined after the start of the contract and must be approved by the Agency. The PMO Vendor shall facilitate and oversee that the vendors maximize their capability to convert data without manual cleanup as much as possible.

16. Post Implementation and Certification Support

The PMO Vendor shall provide post-implementation and certification support for each vendor or cohort through all certification activities and for ninety-days (90 days) after CMS certification has been received. The PMO Vendor shall develop a certification management plan that shall define the activities and the schedule related to the certification of each vendor or cohort. See the CMS Medicaid Enterprise Certification Toolkit for details on certification activities. This support shall include, but not be limited to status reporting, communications, meeting coordination and set-up, issue tracking and coordination, and other project support as requested. At the end of certification plus the ninety-days (90 days), the PMO Vendor shall conduct a survey of parties involved to determine satisfaction and identify areas of concern and possible improvements. If possible, these areas of concerns and possible improvements shall be addressed in future RFPs/RFBs. As part of this Post Implementation and Certification task, the PMO Vendor shall develop a support monitoring plan and a Post Implementation Turnover Plan for each cohort or implementation. The PMO Vendor's Post Implementation and Certification Support Monitoring Plan shall include but not be limited to release management, defect management, compliance management, and Service Level Agreement (SLA) reporting and monitoring, The PMO Vendor's Post Implementation Turn-over Plan will define a RACI chart as well as the processes and procedures needed by the Agency to assume the monitoring responsibilities. The Post Implementation Turn-over Plan with an associated Responsibility Assignment Matrix shall be reviewed in a meeting with the Agency. Following the standards procedures defined in this document, the Post Implementation Turn-over Plan and RACI chart shall be sent out to the Agency responsible parties five (5) business days before the meeting.

17. Project Close-out Activities

The PMO Vendor shall develop a Project Close-out Plan for each vendor/cohort project that defines how the PMO Vendor shall oversee and manage all program and project closeout activities. Closeout shall occur after the module or cohort receives CMS certification and it shall include finalizing activities across PMO processes to formally complete the project. The purpose of the closeout activities is to assess the project, ensure completion, and derive any lessons learned and best practices to be applied to future projects. The PMO Vendor shall be responsible for program and project closeout activities that shall include, but not be limited to:

- Review each Project Charter to verify the vendor fulfilled the Charter. The PMO Vendor shall address any areas of the charter that were not met.
- Review each vendor's contract deliverables and verify
    - All deliverables have been received,
    - Contain current information, and
    - Have been approved by the Agency.

  Any exceptions must be documented and presented to the Agency.
- Track, coordinate and manage all project closeout related activities based on the specific contract.
- Assist the Agency in identifying any issues pertaining to closeout and provide assistance in resolving issues in a timely manner and in compliance with the requirement terms and conditions of the vendor's contract.
- Verify that all projects have been closed, per CMS requirements, and an explanation for any exceptions with approval by the Agency.

- Verify that all final project artifacts and records have been accepted by the Agency and stored in the applicable document repository for future reference.
- Verify that documentation, training and knowledge transfer activities have been completed.
- Compile a summary of final project cost in a Project Closeout Report.
- Verify that operational transition plans have been completed. The PMO Vendor shall ensure that maintenance and operation plans are in place and functioning to support the vendor's product in production. The PMO Vendor shall also ensure that the Agency's plans to fund the maintenance and operations of the vendor's product is in place.
- Identify any outstanding issues, defects or change request. This shall also include any recommended enhancements or updates. The report shall provide details of the issue/defect/change/enhancement/update as well as estimated levels of effort, estimated cost, identify all impacts and any proposed work-around.

The PMO Vendor shall coordinate and facilitate lessons learned sessions with the Agency and other vendors. The lessons learned report shall contain at a minimum:

- Category
- Description
- Problem/Success
- Impact
- Recommendation

18. End of Contract Turn-over

The PMO Vendor shall work with the Agency, Agency representative(s) or an Agency specified vendor (hereafter referred to as the Agency) for turnover activities. The Agency may request the turnover activities begin up to six (6) months before the end of the contract but no later than six (6) weeks before the contract termination. The PMO Vendor shall develop the specified turnover artifacts that require Agency approval. The PMO Vendor shall make any additions, changes, corrections or updates to the plan that the Agency request. The PMO Vendor shall meet with the Agency to produce the following artifacts/deliverables that will ensure the least disruption of service, PMO Vendor cooperation and an effortless transition:

- An Approach to Turnover Plan
- A Turnover Plan
- A designated Point of contact for each of the four (4) contract areas
- A turnover Schedule, tasks and activities – with resource assignment and allocation
- On-boarding and off-boarding of transitioning resources
- A detail list of skillsets and training needs by contract role
- An inventory of data that will be transferred – including software, artifacts, documents, etc.
- A clear description of the needs and expectations for both the PMO Vendor and the Agency
- A calendar of regularly scheduled meetings
- Verification of all artifacts/deliverables
    - PMO Vendor Requirements and Business Processes artifacts/documents
    - Program Management Office artifacts/documents
    - Enterprise Architecture artifacts/documents
    - Organizational Change Management artifacts/documents
    - Updated Artifact Review Checklist and sign-off (See section IV.H.2.k. Quality Management and Artifact/Deliverable Reviews)
    - Updated Artifact Review tracking (See section IV.H.2.k. Quality Management and Artifact/Deliverable Reviews)
- Identification of assumptions, constraints, and risk associated with the transition and recommended solutions
- A mechanism and timeframe for transmitting records, data and artifacts to the Agency

- Transferring paper documents to an electronic format, transmitting the documents to the Agency and shredding all remaining hardcopies
- Identify any outstanding issues with recommended resolutions and due dates
- Perform Financial reconciliation

The PMO Vendor shall ensure they have the required staff to support the project through the end of the contract. If requested, the PMO Vendor shall allow the Agency to work side-by-side to facilitate knowledge transfer.

The PMO Vendor shall work with the Agency to define a schedule for all project related data to be transitioned to the Agency. The data shall be provided regardless of the PMO Vendor's corporate structure. The PMO Vendor shall be held responsible for providing the data in the manner and format requested by the Agency.

The PMO Vendor shall deliver to the Agency all contract related records and data in a format specified by the Agency within sixty (60) calendar days from the expiration or termination of the resulting contract. This obligation survives termination of the contract.

At the termination of the contract, or upon Agency request, whichever occurs first, the PMO Vendor shall return or destroy (at the option of the Agency) all PHI received or created by the PMO Vendor that the PMO Vendor still maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, the PMO Vendor shall extend the confidentiality protections of the contract to the information and limit further uses and disclosure. The destruction of PHI shall comply with all applicable CMS and Agency protocols and requirements. The PMO Vendor shall certify in writing that these actions have been completed within a maximum of thirty days of the termination of the contract or within seven (7) calendar days of a request by the Agency, whichever comes first.

19. Medicaid Project Portfolio Management Office (PPMO)

The PPMO defines the project governance processes and procedures. The PMO Vendor will be required to follow the governance defined by the PPMO. Any questions or issues related to the governance processes and procedures shall require a written statement of concern to be submitted to the PPMO. The written statement of concern shall identify the concern, identify the specific process or procedure, reference applicable guidelines or industry standards, reason for concern and suggested modifications. If needed, the PPMO shall request a meeting to discuss the concern. The PPMO shall provide a written response to the statement of concern within thirty (30) calendar days of the submission.

20. Executive Dashboard

The PMO Vendor shall develop an Executive Dashboard that provides the Medicaid Management a single place to view the MMIS Modularity Project Key Performance Indicators (KPIs) and Project Health Check Report. Because a manually maintained dashboard will be obsolete shortly after an update is made, the Agency requires the dashboard to be systematically updated. This will ensure the Medicaid Management receives the most current project information. The dashboard shall contain KPIs for all areas/vendors/cohorts. The Executive Dashboard shall provide drill down capability for all KPIs and the Project Health Check Report. The drill down capability will provide the Medicaid Executive Staff and Program Managers the tools needed to research the dashboard down to the detail level. The PMO Vendor shall recommend KPIs to be included in the Dashboard. The recommendations shall be submitted to the Agency for their decision on what to include. The dashboard shall use tools such as graphs and links. The PMO Vendor shall make modifications or changes to the dashboard content or structure quarterly or as requested by the Agency. See Section IV.G.2.d Executive Level Dashboard, Section IV.H.2.f Executive Level Dashboard and Section IV.I.2.i Executive Level Dashboard for more information.

21. Common Processes Required Artifacts

The PMO Vendor shall be responsible for producing the following artifacts from the common processes. The artifacts must be produced to receive payment according to the PMO Vendor's project schedule. The artifacts below must be maintained and updated. Standard maintenance shall occur at any time during the project but a periodic review will encompass the entire document. The frequency below indicates a time frame for these periodic reviews. The PMO Vendor can discuss changes to these time frames with the Agency.

Deliverables	Required Artifact	Frequency
COM-1—Project Methodology	Describe in detail how the PMO Vendor will perform project initiation and their approach to the project	Six (6) weeks from contract signing Updated six (6) weeks from new vendor
COM-2—Detailed Project Initiation and Approach	Describe in detail how the PMO Vendor will perform project initiation and their approach to the project	Six (6) weeks from contract signing Updated as needed throughout the project
COM-3 -- Project Organization and Staffing	Define the Project Organization and Staffing Plan	Six (6) weeks from contract signing Update six (6) weeks from new vendor or two (2) weeks from new PMO Vendor staff
COM-4 – Physical and Data Security Plan	Security Plan to ensure state and federal statutes are met	Six (6) weeks from contract signing Update every six (6) months throughout the project
COM-5 – Document Repository	Document Repository Research document	three (3) months from contract signing Updates if requested
COM-6 – Contract Deliverables	Project Change Request(PCR) Project Impact Assessment (PIA)	Update/Create as needed throughout the project
COM-6-A – Responsibility Assignment Matrix (RACI Chart)	Responsibility Assignment Matrix for each of the four (4) sections of the contract	Six (6) weeks from contract signing Update every four (4) weeks throughout the project
COM-7 – Artifact Development and Approval	Log of all vendors artifact submission and approval	Update as needed throughout the project Review during status meetings

Deliverables	Required Artifact	Frequency
COM-8 – Meeting Protocols Reference Guide	Meeting Protocols, processes and procedures reference Guide	Six (6) weeks from contract signing Update six (6) weeks from new vendor contract signing Review and Update every six (6) months throughout the project
COM-8-A – Meeting Agenda	Meeting Agendas	Three (3) days before meeting
COM-8-B – Meeting Minutes	Meeting Minutes	Three (3) days from meeting Update/Create as needed throughout the project
COM-9 – Corrective Action Plans	Corrective Action Plans (CAPs)	Update/Create as needed throughout the project Monitor and manage other vendor Corrective Action Plans
COM-10 -- Scope Management	Scope Management Plan	Six (6) Weeks from contract signing Review and Update every six (6) months throughout the project
COM-10-A – Project Change Request Plan	Project Change Request Plan Project Change Request (PCR) template, Project Change Assessment (PCA) template.	Six (6) Weeks from contract signing Update/Create as needed throughout the project
COM-11 -- Communication Management Plan	Communication Management Plan which includes: • Communication Requirements • Communication Process and procedures • Communication Matrix	Six (6) weeks from contract signing Review and Update every six (6) months throughout the project
COM-12 -- Status Reporting Template	Status Reporting template	Four (4) weeks from contract signing Update four (4) weeks from new vendor contract
COM-12-A -- Status Reporting	Status Report for all four (4) areas of the contract	Deliver report and updates schedules by 9:00 am three (3) business days before the status meeting Update throughout the project

Deliverables	Required Artifact	Frequency
COM-12-B -- Consolidated Status Reporting	Consolidate status report for all vendors	Schedule is to-be-determined Update throughout the project
COM-13 -- CMS	Prepare for all CMS Reviews Verify CMS Review Materials Create CMS meeting agenda Meeting minutes from CMS Reviews Action Items from CMS Reviews	Update/Create as needed throughout the project
COM-14 -- MITA	Facilitate meetings Prepare agenda and artifacts Produce meetings minutes and action items	Update/Create as needed throughout the project
COM-15 -- Cleanup and Conversion Management Plan	Define a plan to manage data Cleanup and Conversion. Define Data Clean-up Report template Define Conversion Report template	Six (6) months from contract signing Update every six (6) months throughout the project
COM-15-A -- Cleanup and Conversion Management Reporting	Data Clean-up Report for each conversion run Data Conversion Report for each conversion run	One week from conversion run Updated/Created as needed throughout the project
COM-16 -- Post Implementation and Certification Support Plan and templates	Certification Management Plan Combined Project Status template Project Health Check template Post Implementation and Certification Support Monitoring template Post Implementation Turn-over Plan template Responsibility Assignment Matric (RACI Chart) template	Three (3) months from contract signing Update every six (6) months throughout the project
COM-16-A -- Post Implementation and Certification Support	Combined Project Status Report Project Health Check Report Post Implementation and Certification Support Monitoring Post Implementation Turn-over Plan with Responsibility Assignment Matric (RACI Chart)	One for each implementation or Cohort every two (2) weeks during Post Implementation and Certification Support Phase Update/Create as needed throughout the project
COM-17 -- Project Close-out Plan	Produce a Project Close-out Plan for each vendor/cohort.	Three (3) months after certification

Deliverables	Required Artifact	Frequency
COM-18 -- End of Contract Turn-over	Produce and maintain the following: • Approach To Turn-Over Plan • Turn-over Plan • Turnover scheduled • Turnover tasks/activities with resource • Skillsets required by role • Inventory of all data to be shared • List of PMO Vendor and Agency expectations • Calendar of regularly scheduled meetings • Verification of all artifacts/deliverables • List of Assumptions, constraints, risk and recommended solutions • Outstanding Issues with recommended resolution and due date • Digitizing, Transferring and shredding hard copy artifacts	Six (6) Months before the end of the contract or when requested by the Agency
COM-20 – Executive Level Dashboard	Develop a systematically updated dashboard Present recommended KPIs to Agency for approval	Three (3) months from contract signing Update/Create as needed throughout the project

G. Requirements and Business Process Management

As a part of the response to this Proposal, the PMO Vendor must describe how they plan to perform each of the following in a max of 20 pages (10 pages front and back) as listed in this Requirements and Business Process Management Section of the Statement of Work. The Vendor's response should specifically address proven methods used in previous projects. The Agency would like the PMO Vendor to focus on specific areas in their response identified in the list below.

- ***Project Overview – Provide a high-level project approach that addresses***
  - ***Section IV.G.1 Requirements and Business Process Management Overview***
  - ***Section IV.G.2.c Maintain Requirements and Business Process Management – Define the approach to maintaining requirements and business processes***
- ***Section IV.G.2.a Define Requirements – Define the approach that will be taken for:***
  - ***Gathering requirements***
  - ***Developing and maintaining a Requirements Traceability Matrix***
  - ***Identifying requirements that apply to multiple vendors or functional areas***
  - ***Developing a proposed schedule – Provide a draft high-level schedule for requirements definition and a draft high level schedule for business process management work groups.***
- ***Section IV.G.2.b Define Business Process Management – Define the approach that will be taken for:***
  - ***Defining the methodology and framework***
  - ***Process Modeling***
  - ***Defining business process management***

1. **Requirements and Business Process Management Overview/Statement of Need**
   The PMO Vendor shall provide Business Analysis and Business Process Management (BPM) for the MMIS. The PMO Vendor shall define business requirements and business processes for all areas of the MMIS. Activities include tasks needed to transition from the current business processes (AS-IS) to the future business processes (TO-BE) for all areas of the MMIS, which may include changes to the organizational structure.

2. Requirements and Business Process Management Specifications /Requirements

a) Define Requirements

The PMO Vendor shall create a detailed schedule for requirements and update it weekly. The schedule shall contain a series of workshops and conduct requirements gathering sessions with all required stakeholders including but not limited to:

- Business program policy,
- Program and field staff,
- Agency IT area,
- Internal and external interface partners,
- State partners, and
- Federal partners

The PMO Vendor shall provide requirements to reflect the current policy, IT and MITA architecture. The PMO Vendor shall also define any new, additional or incremental business requirements and business rules needed to enhance business efficiencies and work with the Agency to move forward to a MITA maturity level of 3 where possible. The Agency's current requirements are more than 15 years old. See Appendix H – Sample MMIS Requirements. The PMO Vendor shall create new requirements for all areas in the MMIS. The PMO Vendor shall be responsible for evaluating the scope and complexity of the project requirements and assign the necessary resources for requirements gathering to ensure adherence to project needs, policies and procedures as outlined in IV. Scope of Work, F. Common Processes. The PMO Vendor shall identify an Agency requirements "business area owner" and "vendor owner" for each requirement. If the requirement is owned by multiple business areas or vendors then the PMO Vendor shall identify each area. In some cases with a transition to modularity, there are multiple steps needed to achieve the desired results. If this occurs, the PMO Vendor shall define the requirements for each step with notes, associations, and sequencing to document the required process. The PMO Vendor shall limit customization for any software product. The Agency required changes will be limited to configuration changes. Any modification that requires code customization must be approved by the Project Control Board.

The PMO Vendor shall create and deliver a Business Requirements Document (BRD) for the updated requirements to the Agency. The BRD will be an appendix to future RFPs released to solicit proposals for the transition to modularity project. The BRD approved by the Agency, shall provide the necessary level of clarity to allow the potential modular implementation vendors to respond with proposals. The BRD shall provide at a minimum:

- Business context, scope, and background
- Key business stakeholders that have requirements
- Success factors for a future/target state
- Constraints imposed by the business or other systems
- Business process models and analysis, for 'as-is' and 'to-be' business processes
- Logical data model and data dictionary references
- Glossaries of business terms and local jargon
- Data flow diagrams to illustrate how data flows through the information systems (different from flowcharts depicting algorithmic flow of business activities)
- Technical requirements pertaining to quality, performance, maintainability, reliability, availability, and security

The PMO Vendor shall also create and deliver a Requirements Traceability Matrix (RTM). The RTM shall contain more than a typical matrix. The RTM created by the PMO Vendor shall include:

- CMS Approved State Plan and all amendments
- Business requirement Document (specific reference)

- Documentation (system and/or business such as Provider Billing Manual)
- Edit/Audit (if applicable)
- System module
- On-line panel (if applicable)
- Report (if applicable)
- Test / Use Cases
- Business area
- Vendor(s) or Agency
- MITA reference

The RTM will be used to validate all specifications in the CMS approved State Plan are met by requirements and it will be used to identify areas impacted to achieve the To-Be system status.
A RTM template shall also be created for use by other AMMI vendors. The RTM may be an appendix to future RFPs released to solicit proposals for the transition to modularity project.
The BRD and RTM shall require Agency approval and shall provide the necessary level of clarity to allow the potential modular implementation vendors to respond with proposals. Any requirements that apply to multiple vendors or multiple functional areas shall identify each associated vendor or functional area in the BRD and the RTM. Requirements that apply to all vendors shall be identified as system-wide in the BRD and the RTM. The PMO Vendor shall be responsible for the maintenance of the BRD and RTM for the life of the Contract and shall ensure that all information from all vendors remains current.

Changes to the requirements after they are approved by the Agency shall be managed through a formally defined change management process through the Project Control Board (PCB) as described in IV. Scope of Work, F. Common Processes. Document management of the BRD for updates, versions, and security access through the document library will be required. An impact analysis for all areas of the MMIS must be completed for any proposed changes to requirements. The impact analysis shall provide the level of effort needed to make the changes necessary to support the revised requirement. The impact analysis shall identify other requirements that are impacted by the revised requirement.

The PMO Vendor shall complete a gap analysis of current system requirements to planned system requirements based on the business requirements gathering sessions. Documentation of all gaps shall be in a format that clearly identifies and defines the gaps in requirements, as well as, provides a roadmap for transitioning from AS-IS to TO-BE requirements including any incremental steps required.

b) Define Business Process Management (BPM)
Once the contract starts, the PMO Vendor shall create a schedule for a series of workshops and perform a review of the current BPM and define a comprehensive new BPM, using the current MITA Business Processes, for all areas of the MMIS and work with the Agency to move forward to a MITA maturity level of 3 where possible. The new BPM shall include metrics and measures, such as Service Level Agreements (SLA's) and Key Performance Indicators (KPI's), to be used to ensure all vendors are fulfilling the needs of the Agency. The BPM shall be mapped to each business area and identify related and overlapping business requirements.

The PMO Vendor shall define the methodology and framework to be used to in requirements and business process definition. The PMO Vendor shall address how the framework will enhance and improve the business operations. Agency review and approval will be required for any proposed methodology and framework. The PMO Vendor shall use a process modeling tool that has been approved by the Agency. The PMO Vendor is responsible for maintaining and updating the methodology, framework, and process modeling tool throughout the life of the project.

The PMO Vendor shall complete a gap analysis of the current (AS-IS) BPM to the planned (TO-BE) BPM. Documentation of all gaps shall be in a format that clearly identifies and defines the gaps between the AS-IS BPM and the TO-BE BPM. The PMO Vendor shall provide a roadmap to the Agency for transitioning from the AS-IS BPM to the TO-BE BPM including any incremental steps required.

c) Maintain Requirements and Business Process Management (BPM)

The PMO Vendor shall develop and maintain a Requirements Management Plan to document, analyze, trace, prioritize, and agree upon requirements and communicate to relevant stakeholders. This is a continuous process throughout the project. The Requirements Management Plan shall define metrics and measures associated with requirements to be used to ensure all vendors are fulfilling the business requirements. Throughout the AMMI project, there will be requirements that apply to one vendor, requirements that apply to multiple vendors and requirements that cross vendors. For this reason, the PMO Vendor shall develop and maintain a master multi-vendor RTM.

The PMO Vendor shall review the business requirements with the stakeholders in order to maintain accurate, current requirements. Any updates to the requirements resulting from the review shall be managed through the PCB or Change Control Board (CCB). An updated BRD and RTM shall be produced as result of requirement changes approved through the CCB. The PMO Vendor shall perform an updated gap analysis and produce an updated requirements roadmap to transition the Agency from AS-IS to TO-BE requirements.

The PMO Vendor shall systematically review and update the BPM. The review of the BPM shall consist of a review of the AS-IS and TO-BE business process definitions, narratives, and requirement associations. The review shall also include updating metrics and measures to be used to track performance. An updated gap analysis of the AS-IS to TO-BE BPM shall be completed following the review. The PMO Vendor shall deliver to the Agency an updated, current BPM roadmap from AS-IS to TO-BE process definitions, narratives, and requirement associations.

The Agency reserves the right to require an additional review of requirements and BPM prior to the development of a Request for Proposal (RFP) for a new module.

The PMO Vendor shall provide the Agency with a non-proprietary or transferable commercial off-the-shelf (COTS) requirements management tool for tracking, maintaining, and updating requirements in order to establish traceability, referential integrity, and vendor(s) associations. The tool shall be compatible for working in a multi-vendor environment. At a minimum, the tool shall provide the Agency the ability to:

- Associate business processes to requirements,
- Identify requirements by type,
- Link associated requirements,
- Identify business area(s) ownership of requirements,
- Identify the vendor(s) responsible for meeting the requirement,
- Define incremental steps to final requirement
- Define requirements that cross vendors or functional areas
- Access audit histories,
- Export data on multiple criteria,
- Store user documentation,
- Link test cases to requirements, and
- Print directly from the tool

The tool shall also be compatible for importing from and exporting to Microsoft Office products. See section IV. D.2 Commercial Off-The-Shelf (COTS) Software for more requirements on the tool.

d) Executive Level Dashboard

The PMO Vendor shall work with the Agency to develop a ***systematically*** updated dashboard for the Alabama Medicaid Executive staff. A manually updated dashboard shall not be acceptable. The dashboard shall contain the metrics needed to assure the Medicaid Executives that the requirements and business process activities are being completed as expected and are moving toward or meeting the TO-BE Vision. The PMO Vendor shall make modifications or changes to the dashboard content or structure quarterly or as requested by the Agency.

3. **Requirements and Business Process Management Required Artifacts**
   The PMO Vendor shall be responsible for producing the following artifacts to address their project team. The artifacts must be produced to receive payment according to the PMO Vendor's project schedule. The artifacts below must be maintained and updated. Standard maintenance shall occur at any time during the project but a periodic review will encompass the entire document. The frequency below indicates a time frame for these periodic reviews. The PMO Vendor can discuss changes to these time frames with the Agency.

Deliverables	Required Artifact(s)	Frequency
REQ-2-a1 -- Define Requirements Detailed Approach to Requirements Gathering	Describe in detail how the PMO Vendor will approach conducting activities related to requirements gathering.	Six (6) weeks from contract signing Update every six (6) months throughout the project
REQ-2-a2-- Define Requirements Schedule for Work Groups	Detailed Schedule for Requirements Gathering Work Groups Detailed Schedule for BPM Work Groups	Four (4) weeks from contract signing Update every one (1) week throughout the project
REQ-2- a3-- Define Requirements Templates	Business Requirements Document (BRD) Template Requirements Traceability Matrix (RTM) Template o Single vendor RTM o Multi-vendor RTM	Six (6) weeks from contract signing Update every six (6) months throughout the project
REQ-2- b -- Define Business Process Management Detailed Approach to Business Process Management (BPM)	Define, maintain and update: • Methodology • Framework • Process Modeling Tools	Six (6) weeks from contract signing Update every six (6) months throughout the project
REQ-2- c -- Define Business Process Management Requirements Management Plan	Detailed approach to managing requirements	Six (6) weeks from contract signing Update every six (6) months throughout the project
REQ-2- d – Executive Level Dashboard	Executive Level Dashboard design and maintenance	Three (3) Months from contract signing Update quarterly throughout the project

Deliverables	Required Artifact(s)	Frequency
General/System-wide	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Provider	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Recipient/Member	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups

Deliverables	Required Artifact(s)	Frequency
Reference	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Prior Authorization	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Claims	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups

Deliverables	Required Artifact(s)	Frequency
Financial	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Third Party Liability	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Drug Utilization Review	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups

Deliverables	Required Artifact(s)	Frequency
Drug Rebate	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Long Term Care	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Managed Care	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups

Deliverables	Required Artifact(s)	Frequency
Medical Services	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Early and Preventative Screening, Diagnostic and Treatment (EPSDT)	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Management and Administrative Reporting	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups

Deliverables	Required Artifact(s)	Frequency
Surveillance and Utilization Review	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Decision and Support System	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups
Recipient Accounts Receivable	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups

Deliverables	Required Artifact(s)	Frequency
Electronic Visit Verification Monitoring	Requirements AS-IS and TO-BE Gap Analysis Requirements Roadmap RTM BPM AS-IS and TO-BE BPM Gap Analysis Requirements Roadmap	Determined by the PMO Vendor's Schedule for Work Groups

4. **Requirements and Business Process Management Contract Required Personnel**
The State has identified three Requirements and Business Process contract required personnel positions. The Agency realizes that the PMO Vendor may have other positions that are needed to complete the assigned tasks. State resources will partner with the PMO Vendor's staff; however, the PMO Vendor should expect to be the driver and manager of all project activities to assure that schedule, cost, and project deliverables are met.

Personnel	General Responsibilities	Minimum Qualifications
Lead Business Analyst ***Key Personnel** 1 position for the life of contract.	Serve as point of contact for requirements and business process activities Create and Update business requirement Create and Update Business Process Management Assist with administration of Requirements Management tool	• 5 – 7 years of experience as a lead business analyst • 4 – 5 years of experience on Medicaid or Major Health Care Payer projects • 3 – 5 years of experience writing Requests for Proposals • 3 – 5 years of experience with CMS procurement requirements • 3 – 5 years of experience gathering requirements • 3 – 5 years of experience with Medicaid Enterprise Certification Toolkit and CMS procurement requirements • 3 – 5 years of experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative
Business Analyst Multiple positions for the life of contract.	Create and Update business requirement Create and Update Business Process Management Assist with administration of Requirements Management tool	• 3 – 5 years of experience as a business analyst • 3 – 4 years of experience on Medicaid or Major Health Care Payer projects • 2 – 4 years of experience with requirements • 2 – 3 years of experience with Medicaid Enterprise Certification Toolkit and CMS procurement requirements • 2 – 3 years of experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative
Technical Writer Multiple positions for the life of contract.	Write, Update, and Review requirements Assist with administration of Requirements Management tool	• 2 – 3 years of experience on Medicaid or Major Health Care Payer projects • 3 – 5 years of experience as a technical writer

H. Program Management Office

As a part of the response to this Proposal, the PMO Vendor must describe how they plan to perform each of the following in a max of 30 pages (15 pages front and back) as listed in this Program Management Office Section of the Statement of Work. The Vendor's response should specifically address proven methods used in previous projects. The Agency would like the PMO Vendor to focus on specific areas in their response identified in the list below.

- ***Project Overview – Provide a high-level project approach that addresses***
  - ***Section IV.H.1 Program Management Overview/Statement of Need***
  - ***Section IV.H.2.a Detailed Approach to Program Management Office***
  - ***Section IV.H.2.c Kick-off Meetings***
  - ***Section IV.H.2.d Project Meetings***
  - ***Section IV.H.2.f Executive Level Dashboard***
  - ***Section IV.H.2.q Configuration Management***
- ***Section IV.H.2.h Request for Proposals (RFPs) and Request for Bid (RFBs) – Define the method that will be used to identify the requirements to be included in the RFP/RFB***
- ***Section IV.H.2.i Risk Management***
- ***Section IV.H.2.j Comprehensive Issue Management***
- ***Section IV.H.2.k Quality Management and Artifact/Deliverable Review***
- ***Section IV.H.2.l Approach to Validate Multi-vendor Requirements Tractability Matrix (RTM)***
- ***Section IV.H.2.n Project Management Plan***
- ***Section IV.H.2.p PMO Detailed Project Schedule, Plan and Specifications – Address milestones from all four (4) contract areas and CMS. Include a draft high-level project schedule. Define approach to developing and maintaining the detailed project schedule.***
- ***Section IV.H.2.q Approach to Integrated Master Schedule***
- ***Section IV.H.2.s Approach to working with Independent Verification and Validation***
- ***Section IV.H.2.t Approach to CMS Required Artifacts – Define the approach that will be taken to identify, develop, validate, and maintain CMS required artifacts. Address knowledge of the CMS modularity guidance.***
- ***Section IV.H.2.v Approach to MECT Certification – Define previous experience in Milestone reviews. Identify any artifacts previously produced. Address tracking findings, issues and action items from MECT meetings. Include comments on performing the Test Plan Review and the Acceptance Testing Report.***
- ***Section IV.H.2.x Contract Monitoring – Define the approach that will be taken to develop a contract monitoring plan for each vendor, provide a sample of metrics with an associated report card.***
- ***Section IV.H.2.y Organizational Change Management Effectiveness Evaluation – Define methods that will be used to gather an effectiveness assessment and provide a sample of an assessment document with the associated summary report that will be provided to the Agency.***

1. Program Management Office Overview/Statement of Need

Alabama Medicaid wants a PMO that will help to create a positive work environment based on transparent and open communication. The Agency feels the MMIS transition project should work together as one team and provide a to create a requires all MMIS projects to follow standard Project Management practices, such as the Project Management Book of Knowledge – PMBOK, as well as

industry best practices. We also require defined, repeatable and approved processes and procedures to be documented and used throughout the project. The PMO Vendor shall have at least one dedicated PM per vendor or cohort. A PM may not manage multiple concurrent projects. If possible, the PM shall be assigned to the vendor or cohort for the life of the project.

2. Program Management Office Specifications /Requirements

a) Detailed Approach to Program Management Office

The PMO Vendor shall develop a detailed initiation and approach to the Program Management Office with a focus on multi-vendor projects. The document shall contain at a minimum:

- Summary/Overview
- Goals
- Scope
- Background
- Assumptions and Dependencies
- Constraints and how to overcome
- Organization and Governance
- Communication Plan
- Quality Plan
- Business Case
- Stakeholders
- Risks and how to mitigate
- Program/Project Controls and metrics
- Reporting Framework
- PMO Vendor and Agency Sign-off
- Coordination/cooperation among all stakeholders

b) On-Board individuals and/or vendors

The PMO Vendor shall develop a process to bring new individuals and vendors on-board. The PMO Vendor shall develop an on-boarding plan and checklist that defines all the information required by someone new to the project and all the steps necessary to get them on-board. The PMO Vendor shall be responsible for coordinating all activities required to on-board persons new to the project. The PMO Vendor shall take the steps necessary to ensure there is always someone available to perform this task. The on-boarding checklist shall be included in IV. Scope of Work, H. Program Management Office, 2. Program Management Office Specifications/Requirements, o). Vendor Start-up Guide. The PMO Vendor shall ensure the individuals being on-boarded are introduced and made to feel welcome to the MMIS Modularity team. The PMO Vendor shall have any new project members fully productive within 3 days of the start date whenever they are given a week notice of the start date. This shall include but not be limited to: Network sign-on, Medicaid e-mail, SharePoint access, Agency privacy and security training, etc. The lead time and start up time will be reviewed and determined at the start of the contract.

c) Kick-off Meetings

The PMO Vendor shall be responsible for scheduling, developing and coordinating all Kick-off meetings for the AMMI project. The first kick-off shall be for the start of the PMO Vendor project. The PMO Vendor shall be responsible for an initial kick-off for each vendor or cohort that joins the project. These kick-off meetings will define the purpose of the vendor as well as contain the project timeline, the upcoming task and the actions required of the business areas. Going forward, the PMO Vendor shall be responsible for scheduling, developing and coordinating a kick-off meeting for each phase of each vendor or cohort's project. The Agency has found a benefit to phase level kick-off meetings. The purpose of the phase level kick-off will be to inform the business area of the phase timeline, project contact list, task and the actions required of the business areas. This is the minimal list of kick-off meetings. Other kick-off meetings may be needed. The PMO Vendor and the Agency shall work together to define the Kick-off schedule and content.

d) Project Meetings

The PMO Vendor shall be responsible for coordinating and scheduling project oriented meetings requested by the Agency or any multi-vendor meeting. The PMO Vendor shall be responsible for scheduling their staff and other modularity vendors. The PMO Vendor shall send the meeting request

with the attached agenda to selected stakeholders at least three (3) business days before the requested meeting. This time frame may be adjusted.

e) Meeting Minutes

The PMO Vendor shall be responsible for the meeting minutes from all meetings scheduled by the PMO. The PMO Vendor shall be responsible for identifying, reporting on and tracking to completion all action items and parking lot items from the meetings. The PMO Vendor shall distribute the meeting minutes to all participants within three (3) business days. The meeting minutes must be approved – approval from the Agency and the leaders of each vendor is the minimum requirement.

f) Executive Level Dashboard

This shall provide an executive level summary of the project that is ***systematically*** (available on-line) updated. A manually updated dashboard shall not be acceptable. It shall include key performance indicators and metrics for the project. The PMO Vendor shall make modifications or changes to the dashboard quarterly or as requested by the Agency. This is not a finite list but an indication of the type of information that could be included:

- Project Schedule overview
- Meeting Calendar
- Current and future tasks
- Project Level Issues (summary from all vendors)
- Project Risks (summary from all vendors)
- Vendor performance metrics (report cards)

g) Advanced Planning Documents (APDs)

The PMO Vendor shall be required to create and update multiple APDs for the transition to modularity. The first APD will be for a System Integrator. The PMO Vendor shall work with the Agency and the System Integrator to define specifications for the subsequent vendors.

The PMO Vendor shall be responsible for all new APDs related to the transition to modularity. The PMO Vendor shall also be responsible for updates to all MMIS APDs that are required by CMS. The APDs shall require sign-off from all three (3) contract area verifying the APD meets their requirements. The only MMIS APDs at the time of this RFP are the MMIS Takeover APD, the Planner (IV&V, PMO) APD, and the EVVM APD. The CMS requires all State Agencies to consider any MMIS related open source modules available such as the Provider Screening module available at http://projectpsm.org/. The APD shall map the Agency requirements to the Open Source module requirements and provide a recommendation as part of the APD. The completed APDs will be submitted to the Agency for review and submission to CMS.

h) Request for Proposals (RFPs) and Request for Bid (RFBs)

The PMO Vendor shall be responsible for the creation of multiple RFPs and/or RFBs required to support the transition to modularity. The PMO Vendor shall identify requirements and industry best practices to be included in the RFPs/RFBs. The U.S. Digital Services Play Book, as well as Federal and State statutes must be followed when writing the RFP. The PMO Vendor shall meet with the Agency weekly to discuss issues or questions. The PMO Vendor shall ensure the RFP/RFB meets the Agency's needs by verifying all applicable requirements are included. The completed RFPs/RFBs will be reviewed with the Agency during a meeting. Once complete, the RFP/RFB will be submitted to the Agency for review by IV&V and the Legal Department. The PMO Vendor will be responsible for changes requested by the Agency, IV&V and/or the Legal Department. The Agency will be responsible for the release. The PMO Vendor shall update the requirements tool to indicate the requirements included in the RFP/RFB and any updates to the requirements that result from questions, the winning proposal or the signed contract. The RFPs/RFBs shall require sign-off from all four (4) contract area verifying the RFP/RFB meets their requirements. See Section IV.A. Modular MMIS Procurement Strategy.

The PMO Vendor shall also work with the Agency to respond to questions, update associated artifacts, modify requirements and amend the RFP/RFB as needed. The PMO Vendor shall work with the Agency to develop the RFP/RFB and evaluation criteria. The PMO Vendor shall also develop the RFP/RFB Evaluation Manual. The PMO Vendor will be required to recommend RFP/RFB reviewers from all areas of the Agency. The Agency will be responsible for final selection of RFP/RFB reviewers. Because the reviewers are from all areas of the Agency, the PMO Vendor shall include detailed review instructions. For each RFP review item, the PMO Vendor shall provide guidance that will allow a non-technical business orientated person to accurately rate the response.

Alabama Medicaid is on a tight schedule to complete the modularization project, for this reason, the PMO Vendor shall have no more than twelve (12) months from contract signing to submit the System Integrator RFP/RFB to the Agency for publication. The Vendor shall allow twenty (20) business days (or one (1) month) for Agency approval and allow sixty (60) business days (or three (3) months) for the CMS approval of the RFP. The Agency shall require a milestone review at six (6) months. During this review, if it appears that the PMO Vendor will not meet the eight (8) month milestone to begin the Agency approval process, a corrective action plan shall be requested.

As the PMO Vendor is developing RFPs/RFBs, they shall identify non-essential features and functions. These non-essential features and functions shall be discussed with the Agency. If the Agency expresses an interest in a non-essential feature or function, a cost benefit analysis may be requested. If it is possible to include the non-essential feature or function in a different RFP, this should be identified. The PMO Vendor shall also research the industry and provide an estimated cost for each RFP/RFB. The PMO Vendor shall meet with the Agency to review the non-essential features and functions, the cost benefit analysis and the estimated price of the RFP/RFB. The Agency shall make the final decision on the non-essential features or functions to include and the ones to omit.

i) Risk Management

The PMO Vendor shall be responsible for tracking, reporting and mitigating project risk. Any risk management tool used shall require Agency approval. The PMO Vendor shall develop a risk management plan that shall apply to all vendors. The plan and tool shall contain risk ratings, rankings, and mitigation plans. The PMO Vendor shall identify and document all information related to the risk and track the risks throughout the project. In the Agency status meeting, the PMO Vendor shall review the open risks, any updates to the risks and the risks that have been closed since the last meeting.

j) Comprehensive Issue Management Process

The PMO Vendor shall be responsible for the development of a comprehensive issue management plan for all issues and action items from all vendors associated with the modularity project (hereafter referred to as issues). The PMO Vendor issue responsibilities shall include but not be limited to:

- Identification
- Documentation
- Assignment
- Ensuring an impact analysis is completed
- Tracking
- Resolution
- Reporting

After Contract Signing, the PMO Vendor and the Agency will define issue ranking and set timeframes for issue resolution. During Agency status meetings, the PMO Vendor shall report on the project issues. The status report shall provide an update for all open issues and review the issues that have been closed since the last meeting. The plan and tracking mechanism or tool shall identify vendor issues; multi-vendor issues; project issues; critical path issues, high priority issues and other information essential to the issue.

k) Quality Management and Artifact/Deliverable Reviews

The PMO Vendor shall develop a Project Quality Management Plan to ensure the artifacts produced by all vendors meet the quality standards needed for a project of this magnitude. The four (4) areas of the PMO Vendor's contract shall be responsible for a preliminary review of all contract deliverables, including technical deliverables, for quality and adherence to contract requirements, where applicable. The PMO Vendor shall develop a checklist for document review with sign-off for each of the four (4) contract areas. If the PMO Vendor's review of the deliverable indicates that it does not meet contract requirements, then the PMO Vendor shall return the deliverable to the creating vendor with all document defects identified. Upon successful submission of the deliverable, the PMO Vendor shall document their review using the checklist and indicate the deliverable meets the contract requirements associated with that vendor's deliverable. The review checklist as well as the artifact shall be forwarded to the Agency for review. Once all requested updates have been made to the artifact, the PMO shall validate the updates and approve the document. The PMO shall forward any questions or additional issues to the Agency. The following table contains indications of a document failure. Multiple document failures in a month will result in a CAP. A document that contains any of the fail criteria listed below will be immediately returned to the PMO Vendor. The list below does not preclude a document from being rejected for other reasons.

QA Fail Criteria Applicable to All Work Products
Does the document conform to the approved document template?
Has the document been spell-checked?
Ensure the Agency Name & personnel names are spelled correctly.
Have the meanings of acronyms been supplied before the use of the acronym? If not, is there a statement referring the reader to a public Glossary and Acronyms listing?
Are the page numbers expressed as "Page 53" or "Page 53 of 205"?
Is there another state's name anywhere in the product *(including properties)?*
Is the versioning correct (version number is present and correct, product history is updated and correct)? Note: *Meeting minutes and Meeting agendas are exempt from this*
Has the amendment history been updated and is it accurate?
Do all WORD documents except meeting minutes have track changes turned on? Note: *Meeting minutes and Meeting agendas are exempt from this*

l) Validate Multi-vendor Requirements Traceability Matrixes (RTM)

The PMO Vendor shall be responsible for validating each vendor's RTM bi-weekly. There will be requirements that apply to one vendor, requirements that apply to multiple vendors and requirement that cross vendors. For this reason, the PMO Vendor shall also be responsible for creating and validating the master multi-vendor RTM to ensure there are no requirements lost during the merging process. The PMO Vendor shall be responsible for ensuring the detailed RTMs are updated by the modular vendors. The PMO Vendor shall ensure the multi-vendor RTM remains current and reflects any changes to the project. The PMO Vendor shall maintain a log of the RTM reviewed, the date, the reviewer and any findings from the review.

m) Validate Test Coverage

The PMO Vendor shall be responsible for validating that each requirement is tested. This shall include requirements that are associated with multiple vendors and requirements that cross vendors. The PMO Vendor shall monitor the testing to ensure it tests the requirement end-to-end and it is completed successfully. The same requirements may be tested multiple times by different vendors. For this reason, the PMO Vendor shall provide a sign-off for each requirement as the testing is complete and a naming structure to identify each unique test results of the requirement. The PMO Vendor shall also be responsible for the MECT required review of the Test Plan review and the User Acceptance Testing Reports required by CMS during the MECT R2- Operational Milestone Review and R3 – Certification Final Milestone Review.

n) Project Management Plan - (PMP)

The PMO Vendor shall create and maintain a Project Management Plan for the Alabama Medicaid MMIS Modularity Project. The PMP will be the "Go-To" document for all members and vendors on the Modularity Project. The PMP may contain links to other stand-alone documents, but the PMP will be considered our source of truth. The PMP must address the execution, management and control of the project. The PMP shall include but not be limited to:

- Project Definition
- Roles and Responsibilities
- Scope Management
- Requirements Management
- Schedule Management
- Financial Management
- Quality Management
- Resource Management
- Stakeholder Management
- Communications Management
- Project Change Management
- Risk Management
- Vendor Start-up Guide
- Responsibility Assignment Matrix (RACI Chart)

The PMO Vendor shall be responsible for updating and maintaining the PMP with each Implementation or cohort. The PMP shall be stored in a location easily accessible by all members of the Modularity Team.

o) Vendor Start-up Guide

The PMO Vendor shall be required to produce a vendor start-up guide. This will provide PMO processes and procedures required by the new vendors brought on-board after the start of this contract. This shall include the on-boarding checklist, document templates, project status meeting requirements, RTM format, schedule management format, schedule specifications, responsibility assignment matrix (RACI Chart) and any other information needed by a new vendor starting to work on the project.

p) PMO Detailed Project Schedule

The PMO Vendor shall be required to develop a PMO Schedule Management Plan and a schedule specifications document. The plan shall define, at a minimum, naming standards, resource utilization methodology, resource allocation and the method used to define critical path.

The PMO Vendor shall provide a detailed project schedule of the PMO Vendor activities. The detailed project schedule shall define all PMO Vendor tasks, deliverables and milestones to provide an accurate and achievable schedule. The schedule will be used by Medicaid and the PMO Vendor to monitor and

manage the PMO Vendor efforts. The PMO Vendor shall work jointly with Medicaid to review, revise, and finalize the schedule. The schedule shall be updated weekly or as requested by the Agency. The Agency may request more frequent updates during critical project times. The PMO Vendor shall review the detail project schedule and specified extracts of the schedule during each status meeting.

q) Integrated Master Plan and Schedule

The PMO Vendor shall be responsible for creating and maintaining the Integrated Master Schedule (IMS). The IMS shall be updated weekly or as requested by the Agency. The PMO Vendor shall be responsible for defining an Integrated Master Plan (IMP) that will identify the structure, naming standards, versioning, processes and procedures that will be used to manage the master project schedule. The PMO Vendor shall define and document an Integrated Master Schedule Specifications (IMSS) document that shall define the structure and information required to easily merge the detail vendor schedules into the IMS. The IMSS shall contain information such as naming standards, resource allocation and critical path definition. The PMO Vendor shall validate the IMS to ensure that no information is lost during the merging process.

The IMS shall incorporate all vendor detail project schedules, all Agency tasks/milestones, vendor tasks/milestones and CMS checkpoint tasks/milestones. It shall address all milestones/artifacts defined in this document, all milestones/artifacts defined in future RFPs/RFBs, Agency defined milestones, vendor milestones and CMS defined milestones with an expected start, approval and completion dates. The IMS shall also define an all-inclusive modularity project critical path and resource allocation plan. A Gantt and a PERT chart showing high-level tasks, dependencies, and a critical path analysis (if applicable) shall be required.

The IMS will be used by the Agency and the PMO Vendor to monitor and manage the project. The PMO Vendor shall work jointly with Medicaid to review, revise, and finalize each detail schedule as well as the IMS. The PMO Vendor shall be responsible for making all revisions to the PMO detailed schedule and the IMS. The Agency uses Microsoft Project 2016. Any project scheduling software used by the PMO Vendor must be compatible with Microsoft Project 2016.

r) Configuration Management (CM)

The PMO Vendor shall develop a Configuration Management Plan (CMP) for the Modularity project artifacts/deliverables/documents that include:

1. Defining the processes, procedures and responsibilities that will be used to define document versioning, naming standards, vendor responsibilities, etc.
2. Evaluating Change request/change proposals and their impact including the process to identify all artifact impacts, establish a baseline and managing their modifications.
3. Managing the coordination and maintenance of multi-vendor artifacts. Multi-vendor artifacts require coordination between multiple vendors. The PMO Vendor shall also verify that all artifacts submitted by all vendors work together to make a holistic plan.
4. Reviewing artifacts to verify they include changes/modifications identified up to the last five (5) working days. If any documentation is more than 5 working days out of date, the PMO Vendor shall require a Corrective Action Plan from the responsible party and verify that vendor's documentation more frequently. If the PMO Vendor identifies missing changes that are less than 5 business days old, the PMO Vendor shall monitor the documentation to ensure the updates are made within five (5) business days or develop a Corrective Action Plan for the responsible vendor. These reviews shall be included in the project schedule and a checklist shall be completed for each review.

s) Independent Verification and Validation (IV&V)

The PMO Vendor shall be responsible for attending, supporting the Agency and preparing for any IV&V meetings. The PMO Vendor shall also be responsible for producing meeting minutes within three (3) business days of the meeting. The meeting minutes are to be distributed to all attendees and other identified parties. The PMO Vendor and the Agency shall work together to identify, assign and track action items, issues or findings from the report or meeting. If an IV&V review results in the need to

change templates, plans or other artifacts the PMO Vendor shall coordinate and verify the effort regardless of the party responsible for the template, plan or other artifact. The responsibilities of the IV&V vendor are detailed in sections 4 and 5 of the Medicaid Enterprise Certification Toolkit (MECT). The PMO Vendor shall be responsible for ensuring they are familiar with IV&V responsibilities.

t) CMS Required Artifacts

The PMO Vendor shall be responsible for developing (if applicable), validating and updating all CMS requested artifacts. The PMO Vendor shall be proactive in identifying and creating all artifacts required by CMS. The PMO Vendor shall review the artifacts with the Agency and make modifications or updates as requested by the Agency, IV&V or CMS. A meeting may be necessary to review some artifacts. All CMS Artifacts must be submitted to IV&V for review. The Agency will be responsible for the actual submission to CMS. This includes any certification reviews required by CMS – See section IV.H.2.v). MECT Certification for more information.

u) Vendor Demonstrations

The PMO Vendor shall, at Agency request, conduct meetings to define requirements for project tools. After the requirements are defined, the PMO Vendor shall schedule and facilitate vendor demonstrations for possible tools to help the Agency identify technology advances and system enhancements. The PMO Vendor shall be unbiased in the scheduling of the tool demonstrations. The PMO Vendor shall have no fewer than three (3) vendors per demonstration. If there are less than 3 vendors available, then the PMO Vendor shall provide vendor documentation and contact information from other states or businesses. The PMO Vendor shall identify the requirements to be fulfilled by the tool demonstration and map those requirements to the tool functions. The PMO Vendor shall also provide a summary of the project tool demonstration with mapping updates identified during the demonstration as well as features not mapped or previously identified.

v) Medicaid Enterprise Certification Toolkit (MECT) Certification

The PMO Vendor shall be responsible for producing the MECT and Medicaid Enterprise Certification Life Cycle (MECL) artifacts that are designated as the responsibility of the Agency or the Project Management Office. The PMO Vendor shall also be responsible for tracking, monitoring and validating the content of the MECT artifacts that are the responsibility each vendors involved in the review. This includes but is not limited to the test plan review and acceptance testing reports required during the MECT R2- Operational Milestone Review and R3 – Certification Final Milestone Review. The PMO Vendor shall coordinate, assemble and execute the CMS Milestones reviews as defined in the current and subsequent versions of the CMS Medicaid Enterprise Certification Life Cycle (MECL), https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html. The MECL defines the process and artifacts for the CMS Milestones reviews. The PMO Vendor shall use and adhere to the MECL in preparing the artifacts required by CMS for the Milestones reviews in order to achieve maximum FFP. The PMO Vendor shall be responsible for an initial assessment of all Milestone artifacts and once the PMO Vendor approves the artifacts, the PMO Vendor shall schedule a meeting with the Agency to review the artifacts. The responsibilities of the IV&V vendor are detailed in the MECT and the PMO Vendor needs to ensure that they are familiar with the IV&V responsibilities and allow an adequate amount of time for IV&V to review all artifacts and prepare for CMS Milestones reviews in the Integrated Master Schedule.

The PMO Vendor shall also be responsible for maintaining and tracking any finding, issue or action Item identified in the CMS or MECL meetings. The PMO Vendor shall validate the response is correct and complete before submitting the response to the Agency. The PMO Vendor shall ensure the finding, issue or action item is completed and the results are submitted to CMS or IV&V within the time frame assigned.

w) Vendor Document Templates

The PMO Vendor shall be responsible for ensuring all project vendors use the correct document template. If CMS requires a template this shall be used. Otherwise the PMO Vendor shall create a set of templates that will make the artifacts submitted consistent in format and facilitate reviews. The PMO Vendor created templates shall include all standard project artifacts. If a template requires a modification/addition, the PMO Vendor shall be responsible for overseeing the same modification/addition is made to all existing artifacts. If a vendor requires a special template, the PMO Vendor shall work with the other vendor(s) to develop this. All templates will require Agency approval. If CMS, the Agency or IV&V, request additional artifacts, the PMO Vendor shall create a template for the artifact. The PMO Vendor shall be responsible for ensuring that all other vendors create the new artifact and the artifacts follow the normal review and approval process (es). The new artifact shall also be added to the IV. Scope of Work, H. Program Management Office, 2. Program Management Office Specifications/Requirements, n). Vendor Start-up Guide.

x) Contract Monitoring

The PMO Vendor shall Work with the Agency to develop a Contract Monitoring plan for each vendor. The plan shall contain the processes and procedures that will be used by the Agency to monitor each vendor's contract that is part of the Modularity project. The contract Monitoring processes and procedure must be automated as much as possible.

The PMO Vendor shall work with the Agency to identify the performance metrics and define the method that shall be used to verify that each vendor's performance meets the requirements defined in the RFP/RFB. After the PMO Vendor, defines the performance metrics, they shall work with the Agency to develop a set of report cards. There shall be one or more report cards for each vendor/contract and a report card that consolidates the information from all vendor/contracts.

y) Organizational Change Management Effectiveness Evaluation (OCM EE)

The PMO Vendor shall define an Organizational Change Management Effectiveness Evaluation Plan (OCM EE). The OCM EE must occur throughout the project. There will be no time or opportunity for plan modifications or corrections if the evaluation only occurs at the end of the transition. The OCM E E plan shall include but not be limited to:

- Method used to measure the effectiveness of the OCM
- Effectiveness review tools with samples
- Schedule or plan for conducting EE indicating tool used
- Effectiveness Areas Evaluated
- Industry Standard levels of Effectiveness (desired level of effectiveness)
- Acceptable levels of effectiveness
- Unacceptable levels of effectiveness (level for corrective action)
- Dashboard reporting for EE

This effectiveness evaluation task shall be performed by someone outside of the Organizational Change Management team. The PMO Vendor shall conduct the effectiveness evaluations and produce a summary report which includes the Effectiveness level. The detail information shall be maintained and available to the Agency within three (3) days of a request for the information.

3. Program Management Office Required Artifacts

The PMO Vendor shall be responsible for producing the following artifacts to address their project team. The artifacts must be produced to receive payment according to the PMO Vendor's project schedule. The artifacts below must be maintained and updated. Standard maintenance shall occur at any time during the project but a periodic review will encompass the entire document. The frequency below indicates a time frame for these periodic reviews. The PMO Vendor can discuss changes to these time frames with the Agency.

Deliverables	Required Artifact	Frequency
PMO-2-a – Detailed Initiation and Approach Document	Detailed project approach document	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-b -- On-Board individuals and/or vendors	On-Boarding Plan On-Boarding Checklist	Four (4) weeks from contract signing Update every four (4) months throughout the project
PMO-2-c -- Kick Off Meetings	Kick-off Presentations Quick Reference guides as needed Project Contact List	Four (4) weeks from contract signing Update as needed throughout the project
PMO-2-d -- Project Meetings Scheduling	Schedule PMO Vendor Status meeting every two (2) weeks Status Report for all four (4) contract areas Consolidated project status report Schedule project status meetings (all vendors) Schedule Agency and multi-vendor meetings	Three (3) weeks from contract signing Update as needed throughout the project Other meetings as needed throughout the project
PMO-2-d1 -- Project Meetings	Meeting Agendas Meeting minutes Other Meeting documents	Agendas three (3) days before meeting throughout the project Meeting minutes three (3) days after meeting throughout the project Other documents as needed throughout the project
PMO-2-e -- Meeting Minutes	Meeting minutes Meeting Action Items	Meeting minutes three (3) days after meeting throughout the project Track, monitor and report on Action Items in Status meetings or at Agency request throughout the project

Deliverables	Required Artifact	Frequency
PMO-2-f -- Executive Level Dashboard	Executive Level Dashboard Identify KPIs	Three (3) Months from contract signing Update quarterly throughout the project
PMO-2-g -- Advanced Planning Documents (APDs)	Create APDs Make updates requested by the Agency or CMS Make yearly updates to all MMIS APDs as required by CMS	Update/Create as needed throughout the project
PMO-2-h -- Request for Proposals (RFPs) and Request for Bid (RFBs)	Create Document(s) Make updates requested by the Agency or CMS Facilitate the Responses to Vendor Questions Develop RFP/RFB Amendments as needed Update associated artifacts as needed Develop RFP/RFB evaluation process and manual Prepare Cost Benefit analysis for non-essential features and functions RFP/RFB cost estimate	System Integrator RFP submitted to the Agency for publication one year from contract signing Update/Create as needed throughout the project
PMO-2-i -- Risk Management Plan	Risk Management Plan	Four (4) weeks from contract signing Update every six (6) months throughout the project

Deliverables	Required Artifact	Frequency
PMO-2-i1 -- Risk Management	Risk Identification Risk assessment Risk Management tool Risks updates and tracking Risk Mitigation Plans	Identify throughout the project Update, assess and mitigate throughout the project Provide Agency requested status update within eight (8) hours of request. Daily review of risks Review during Bi-weekly status meetings
PMO-2-j -- Issue Management Plan	Issue Management Plan	Four (4) weeks from contract signing Update every six (6) months throughout the project
PMO-2-j1 -- Comprehensive Issue Management Process	Issue Identification Issue Prioritization Issue Management tool Issue Impact Analysis Issue Root Cause Analysis Issue Updates Issue Reporting	Identify, prioritize, update, manage & perform impact Analysis throughout the project Identify Root Cause analysis to prevent re-occurrence Provide Agency requested status update within eight (8) hours of request. Daily review of high priority issues Review during Bi-weekly status meetings
PMO-2-k -- Quality Management Plan	Project Quality Management Plan	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-k1 -- Quality Management and Artifact/Deliverable Reviews	Artifact development Status Artifact Review Checklist and sign-off Artifact Review Comment log Artifact Review Tracking	Six (6) weeks from contract signing Update/Create as needed throughout the project Review during Bi-weekly status meetings

Deliverables	Required Artifact	Frequency
PMO-2-l -- Validate Multi-vendor Requirements Traceability Matrixes (RTM)	RTM review log RTM issues/comments tracking and resolution	Update/Create as needed throughout the project Provide Agency requested status update within three (3) days of request. Bi-weekly Reviews
PMO-2-m -- Validate Test Coverage	Validate Test Case Coverage Test verification sign-off at test completion	Update/Create as needed throughout the project Bi-weekly Reviews
PMO-2-n – Project Management Plan	Define the execution, management and control of the project	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-o -- Vendor Start-up Guide	Vendor Start-up Guide	Six (6) months from contract signing Update four (4) weeks from RFP publication and (2) weeks from new vendor contract signing Update/create as needed throughout the project
PMO-2-p – Schedule Management Plan	Schedule Management Plan Schedule Specifications Document	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-p1 -- PMO Detailed Project Schedule	PMO Detailed Project Schedule	Draft high-level schedule submitted with response. Finalized Schedule Four (4) weeks from contract signing. Weekly Schedule updates.
PMO-2-q – Integrated Master Schedule Management Plan	Integrated Master Schedule Management Plan Integrated Master Schedule Specifications Document	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-q1 -- Integrated Master Schedule	Integrated Master Schedule	Six (6) weeks from contract signing Weekly updates

Deliverables	Required Artifact	Frequency
PMO-2-r -- Configuration Management and Document Validation	Configuration Management Plan Artifact review checklist	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-s -- Independent Verification and Validation (IV&V) meeting	Schedule Meetings Prepare for review	Bi-weekly or as requested by IV&V Prepare for the meeting three (3) days prior to the meeting throughout the project Review and comment – if needed – on all IV&V documents throughout the project
PMO-2-s1 -- Independent Verification and Validation (IV&V) meeting minutes	Produce Meeting Minutes Track action items to completion	Meeting minutes three (3) days after meeting throughout the project Track, monitor and report on Action Items in Status meetings or at Agency request throughout the project
PMO-2-t -- CMS Required Artifacts	CMS Required Artifacts Prepare for CMS Reviews & meetings Draft initial response to CMS request	Prepare for the meeting one (1) week prior to the meeting throughout the project Produce meeting minutes three (3) days after meeting throughout the project Compare all meeting minutes produced. Track conflicts to resolution throughout the project. Draft response to CMS questions or request and schedule a meeting with the Agency to review no later than one (1) week after the CMS meeting

Deliverables	Required Artifact	Frequency
PMO-2-u -- Vendor Demonstrations	Requirements for project Tool/COTS/Software to be demonstrated PMO Vendors requirements mapping to project tool function Identify additional benefits or constraints Vendor software pricing Vendor project tool Demonstrations Vendor project tool demonstration summary	Prepare the requirements mapping, additional benefits and constraints, as well as vendor pricing at least ten (10) days prior to the demonstration Schedule a preliminary meeting with the Agency to review prepared documents at least one (1) week before the demonstration Prepare a demonstration summary document
PMO-2-v -- MECT Certification	CMS MECT and MECL meeting preparation Produce Agency and the Project Management Office designated artifacts Perform and document Test Plan Reviews Perform and document acceptance testing reports Assess and approve artifacts from other vendors Track findings, issues and action items to completion Review artifacts with the Agency prior to meeting	Prepare for the meeting ten (10) days prior to the meeting throughout the project Schedule a preliminary meeting with the Agency to review prepared documents at least one (1) week before the demonstration – if necessary Produce meeting minutes three (3) days after meeting including findings, issues and action items throughout the project Track and report on findings, issues and action items throughout the project Draft response to CMS questions or request and schedule a meeting with the Agency to review no later than one (1) week after the CMS meeting Update/Create schedules and processes as needed throughout the project

Deliverables	Required Artifact	Frequency
PMO-2-w -- Vendor Document Templates	Create and maintain the following templates: • Detailed Project Approach Document • Project Organization and Staffing Plan • Project Communication Plan • Project Quality Plan • Project Configuration Management Plan • Corrective Action Plan • Project Change Request • Project Impact Statement • Project Status Report • Meeting Agenda • Meeting Sign-in sheet • Kick-off Presentation • Meeting Minutes • Issue Management Plan • Risk Management Plan • Comprehensive Issue Management Plan • Artifact Review Checklist • RTM Review Log • Integrated Master Schedule plan	Five (5) months from contract signing Update four (4) weeks from new vendor contract signing Update every six (6) months throughout the project
PMO-2-x – Contract Monitoring Plan	Contract Monitoring Plan	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-x1 -- Contract Monitoring artifacts	Performance Metrics per vendor Report Card per vendor Consolidated Report Card (all vendors)	Six (6) weeks from vendor go live Update every six (6) months throughout the project
PMO-2-q – Organizational Change Management Effectiveness Evaluation Plan	Organizational Change Management Evaluation Plan	Six (6) weeks from contract signing Update every six (6) months throughout the project
PMO-2-y -- Organizational Change Management Artifacts	Organizational Change Management Effectiveness Evaluations Effectiveness Evaluation Summary Report Effectiveness Level	Update/Create as needed throughout the project

4. Program Management Office Contract Required Personnel

The State has identified six Program Management Office contract required personnel positions. The Agency realizes that the PMO Vendor may have other positions that are needed to complete the assigned tasks. State resources will partner with the PMO Vendor's staff; however, the PMO Vendor should expect to be the driver and manager of all project activities to ensure that schedule, cost, and project deliverables are met.

Personnel	General Responsibilities	Minimum Qualifications
Program Manager *Key Personnel 1 position for the life of contract – if possible.	Contract administration Project management Scheduling and provision of resources Formal communication and correspondence with the Agency Primary point of contact for the PMO contract Responsible for the health and quality of the project Responsible for managing the contract resources including training, assignments, etc. Responsible for keeping all phases of the program on time Oversee, develop and monitor the tools, processes and procedures Provide regular status reports Must act as PM for Requirements and business process management Oversee and manage Project Manager(s)	• 8 – 10 years of experience managing multiple concurrent projects • 6 – 8 years of experience managing Medicaid or Major Health Care Payer projects • 4 – 6 years of experience managing multi-vendor projects • 4 – 6 years of experience with Medicaid Enterprise Certification Toolkit and CMS procurement requirements • Experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.
Project Manager At least one dedicated PM per vendor or cohort	Primary point of contact for vendor/cohort Oversees vendor/cohort team and assignments Responsible for the health and quality of the vendor/cohort project Responsible for keeping all phases of the vendor/cohort project on time	• 4 – 6 Years of experience as a Project Manager • 3 – 5 years of experience managing Medicaid or Major Health Care Payer Projects • 3 – 5 years of Experience managing multi-vendor projects • 2 – 4 years of Experience with Medicaid Enterprise Certification Toolkit and CMS procurement requirements • Experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.

Personnel	General Responsibilities	Minimum Qualifications
Project Issue and Risk Manager *Key Personnel ***This position shall be independent from all other areas of the contract and may not be combined with another position on the contract.***	Primary point of contact for all modularity project issues and risks Works with Agency staff, Program Manager and Project Managers to identify Modularity Project issues and risks regardless of the program, project or vendor Responsible for actively managing risk and issues to closure Ensures consistency in risk and issue management process and procedures Researches risks and issues to identify root cause and ensure complete resolution Responsible for reporting on issues and risks bi-weekly	• 3 – 5 years of experience as an Issue and/or Risk Manager or lead • 2 – 4 years of experience as a manager or lead on a Medicaid or a Major Health Care Payer project • 2 – 4 years of experience as manager or lead on multi-vendor projects • Experience with Medicaid Enterprise Certification Tool Kit and Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.
Quality Assurance/Quality Control Manager *Key Personnel ***This position shall be independent from all other areas of the contract and may not be combined with another position on the contract.***	Primary point of contact for all modularity project quality assurance, quality control and testing Works with Agency staff, Program Manager and Project Managers to manage and define the following for the Modularity Project regardless of the program, project or vendor: • quality assurance plans, processes and procedures • quality control plan, processes and procedures • testing plans, processes and procedures, test cases, test scripts Ensures consistency in quality assurance, quality control and testing process and procedures Responsible for defining quality metrics such as defects and testing Responsible for reporting on quality assurance and testing bi-weekly	• 3 – 5 years of experience as a Quality Assurance/Quality Control manager or Quality Assurance/Quality Control lead • 3 – 5 years of experience in system development or system testing • 2 – 4 years of experience in a lead role with Medicaid or a Major Health Care Payer project • 2 – 4 years of experience with multi-vendor projects • Experience with Medicaid Enterprise Certification Tool Kit and Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.

Personnel	General Responsibilities	Minimum Qualifications
Project Analyst	Translates technical and/or complicated information into clear, concise artifacts appropriate for executive management Reviews, critiques, edits documentation including design artifacts, programmer note and system overviews Strong organizational and project management skills Excellent writing and editing skills Experience documenting meeting minutes Assist Program Manager and Project Managers in artifacts and meetings	• 3 – 5 Years of experience as a Project Analyst or assisting Project Managers • 1 – 2 years of Experience with multi-vendor projects • Expert/Advanced knowledge of all Microsoft Office products including MS Project • Bachelor's degree in journalism, technical writing, business administration or other related field. Or equivalent work experience.

I. Medicaid Enterprise Architecture (MEA)

As a part of the response to this Proposal, the PMO Vendor must describe how they plan to perform each of the following in a max of 20 pages (10 pages front and back) as listed in this Medicaid Enterprise Architecture Section of the Statement of Work. The Vendor's response should specifically address proven methods used in previous projects. The Agency would like the PMO Vendor to focus on specific areas in their response identified in the list below.

- ***Project Overview – Provide a high-level project approach that addresses:***
  - ***Section IV.I.1 Medicaid Enterprise Architecture Overview/Statement of Need***
  - ***Section IV.I.2.j Technical Requirements***
- ***Section IV.I.2.a Detailed Design and Implementation of the Medicaid Enterprise Architecture – Define the approach to designing the MEA, the steps that will be taken to implement and monitor the MEA. Provide examples of the processes and procedures for monitoring performance as well as ways to identify and resolve issues.***
- ***Section IV.I.2.b Approach to Medicaid Enterprise Governance***
- ***Section IV.I.2.d Approach to Medicaid Enterprise Technical Architecture***
- ***Section IV.I.2.e Approach to Medicaid Enterprise MITA Information Architecture***
- ***Section IV.I.2.f Approach to MITA Concept of Operations***
- ***Section IV.I.2.l Approach to Medicaid Enterprise Security***
- ***Section IV.I.2.m Approach to Privacy Impact Assessment***
- ***Section IV.I.2.n Enterprise Architecture Detailed Project Schedule – Include draft high-level schedule.***

1. Medicaid Enterprise Architecture Overview/Statement of Need

The PMO Vendor, the Agency and the System Integrator shall ensure the Medicaid Enterprise transitions to a Service Oriented Architecture (SOA) that standardizes data exchanges, and supports interoperability of services. The PMO Vendor shall develop specific deliverables/artifacts that shall be produced to define the AS-IS and TO-BE Medicaid Enterprise. The PMO Vendor Enterprise Architecture (EA) team shall serve as the MEA gatekeeper to ensure the future RFPs/RFBs move the Agency toward the TO-BE vision. The PMO Vendor shall also ensure SOA modular solutions are integrated into the Medicaid Enterprise. The PMO Vendor's EA team shall define and manage changes to the architecture, policies, processes, and procedures at the direction of the Agency.

PMO Vendor responsibilities shall include:

- Develop and manage, at the direction of the Agency, enhancements to the policies, processes, and procedures (including improvements to accommodate a multi-vendor SOA environment) related to:
  - Solutions architecture assistance
  - Develop and maintain a catalog of services
- Document architecture changes required to accommodate enhancements to the Medicaid enterprise.

The planned solutions shall be configurable and built on an SOA that leverages a modular design. The SOA technical solutions shall define the structure within the enterprise to be independent objects, each with standard inputs and outputs. The SOA shall resolve the Agency's lack of enterprise interoperability, and promote reusability.

2. Medicaid Enterprise Architecture Specifications /Requirements

a) Detailed design and implementation of the Medicaid Enterprise Architecture

The PMO Vendor shall develop a detailed document for the Design of the Medicaid Enterprise Architecture (MEA) that will be presented to the Agency for approval. The PMO Vendor shall define the document in a way that identifies each functional area's alignment to the MEA. Once approved and at the direction of the Agency, the PMO Vendor will develop an MEA. The PMO Vendor shall develop processes and procedures for monitoring the performance of the MEA. For the life of the contract, the PMO Vendor shall be responsible for maintaining the MEA and ensuring the design documents remain current. For the life of the contract, the PMO Vendor shall also be responsible for the MEA performance and shall be proactive in identifying issues and resolving the issue in a timely manner. Any issue that impacts the performance of the MEA shall require a performance impact report that identifies the root problem and the steps taken to prevent the issue from reoccurring. The MEA performance metrics shall be included in the Executive dashboard (See section IV.F.20 for more information on the Executive Dashboard). The PMO Vendor shall define the overarching areas to be addressed and explain the relationship between MITA documents identified below in b) Medicaid Enterprise Architecture Governance, d) Medicaid Enterprise Technical Architecture and e) Medicaid Enterprise Information Architecture. The document shall contain at a minimum:

- Summary/Overview
- Goals
- Scope
- Background
- Assumptions and Dependencies
- Constraints and how to overcome
- Selection/Extraction criteria – including breakouts
- Organization and Governance
- Communication Plan
- Quality Plan
- Stakeholders
- Risks and how to mitigate
- Program/Project Controls and metrics
- Reporting Framework
- PMO Vendor and Agency Sign-off

b) Medicaid Enterprise Architecture Governance

The PMO Vendor shall design and develop a document that contains the PMO Vendor's recommended Medicaid Enterprise Governance Management plan. The plan shall address the method the PMO Vendor will use to ensure the Medicaid Enterprise follows the governance defined. The PMO Vendor's plan shall also define the method they will use to ensure the standards outlined in the Governance documents are followed, maintained, reviewed and updated as needed. Once the Agency approves the plan, the PMO Vendor shall be responsible for Medicaid Enterprise Governance throughout the life of the contract. The plan shall recommend processes, tools and templates. These processes, tools and templates along with alternatives shall be discussed with the Agency. They require Agency approval before the PMO Vendor shall use them. See section IV.D,2. Commercial Off-The-Shelf (COTS) Software for more information on tool selection.

The recommended governance plan shall be presented to the Agency's Enterprise Governance Committee for approval. If requested the EA Team and a scribe shall schedule meetings with the Enterprise Governance Committee to review the document. The scribe shall take meeting minutes, document decisions, issues or questions. The minutes shall be distributed to the Enterprise Governance Committee within three (3) days. If the PMO Vendor does not receive comments or approval at the end of five (5) days, a meeting will be scheduled to discuss issues and receive formal written approval.

Any time the PMO Vendor makes recommendations to the Enterprise Governance Committee or the Enterprise Governance Committee makes a request, the EA team shall perform an impact assessment. The impact assessment shall contain the following at a minimum:

- A business justification
- Consequences or repercussions
- Alternative recommendations or workarounds
- Areas of impact – detailed
- Level of Effort

c) Medicaid Enterprise Architecture Governance Meetings

The PMO Vendor shall identify items to be discussed during the monthly enterprise governance committee meetings. The PMO Vendor shall distribute the agenda and supporting documentation as well as any additional documents, reports, or other artifacts to be discussed at least three (3) days prior to the meeting. The PMO Vendor shall facilitate the meeting with the EA Technical Project Manager, the Senior Enterprise Architect and the Enterprise Architecture Analyst or a scribe onsite. The Enterprise Architect Analyst or a scribe will be responsible for meeting minutes, issues, decisions and action items. The meeting minutes, issues, decisions and action items shall be distributed to the Enterprise Governance Committee within three (3) days of the meeting.

The Agency may request special enterprise governance meetings no more than once a quarter. These special meetings may require the PMO Vendor to discuss a specific topic, present a requested report or discuss requested analysis. The PMO Vendor shall be responsible for planning, scheduling, facilitating and documenting the special quarterly meetings as they are for the monthly meetings.

The PMO Vendor shall be responsible for updating (or ensuring updates are made to) any associated documents/artifacts with decisions made during an enterprise governance meeting. If the artifact belongs to another vendor, then the PMO Vendor shall be responsible for ensuring the updates are made. The PMO Vendor shall also be responsible for posting to the project's repository site any decisions made by the committee within three (3) days of the approval of the meeting minutes.

d) Medicaid Enterprise Technical Architecture (TA)

The PMO Vendor shall work with the Agency to define and develop the Medicaid Technical Architecture documents. These documents/artifacts will define the technical and application design. The TA must be aligned with the Business Architecture and the Information Architecture at all times. The documents are the seven (7) components to the TA listed below as a-Medicaid Approach to MITA Technical Architecture through g-MITA Technical Capability Matrix. These are living artifacts that will evolve through the MITA life cycle.

a. Medicaid Enterprise Approach to MITA Technical Architecture

The PMO Vendor shall define the approach that will be taken on the Technical Architecture artifacts defined below in b. Medicaid Enterprise MITA Technical Management Strategy through g. Medicaid Enterprise MITA Technical Capability Matrix.

This shall be a document that defines the relationship between the Business Architecture (BA), the Information Architecture (IA) and the TA artifacts created below. It will also define the methods, processes and procedures that will be used to ensure the BA, IA and TA remained aligned through the life of the project.

The Approach to Technical Architecture shall gather requirements for a Medicaid Agency enterprise TA tool. These requirements shall be used to propose non-proprietary COTS tools to be used as a repository for the Medicaid TA information. The PMO Vendor shall propose at least three (3) possible tools with the requirements mapped to tool functions, as well as assumptions, benefits and constraints of each tool. This information shall be presented to the Agency for a decision. A single tool may be proposed by the PMO Vendor for the Medicaid Technical Architecture and the Medicaid Information Architecture. If a single tool is proposed, the Vendor shall map all requirements to the tool functions. The PMO Vendor shall also define the method that will be used to isolate the functional area or MMIS information from the MITA (enterprise)

information, as well as the method to include the functional area or MMIS information with the MITA (enterprise) information when needed. See section IV.D.2. Commercial Off-The-Shelf (COTS) Software for more requirements on the tool. See section IV.I.2.e),a. Approach to MITA Information Architecture for more information on the Medicaid Information Architecture.

b. Medicaid Enterprise MITA Technical Management Strategy (TMS)
The PMO Vendor shall design and develop the Medicaid Enterprise MITA Technical Management Strategy (TMS) document required by CMS. The TMS addresses the business flow of information across the Medicaid Enterprise and the enabling technologies to support the business requirements. The TMS involves architecture, modeling, standards, data, management, interoperability, security, privacy, access methods, and performance standards. Some areas to be addressed by the TMS are:

- Technical Management Approach
- Technical Management Transition Plans
- Transformation Challenge
- Technical Services Governance
- Establish collaborative governance practices
- Technical principals
- Technical goals and objectives
- State-specific additions of new functionality to the MITA components

c. Medicaid Enterprise MITA Business Services
The PMO Vendor shall define and develop the business services component of the Technical Architecture. This will provide the business functionality derived from the Business Process Model (BPM) and the Business Capability Matrix (BCM). The PMO Vendor shall document business services and proposed business services within the Medicaid enterprise. For the Business Services the PMO Vendor shall include at a minimum:

- Business Service Approach
- Business Service Details
- Business Service Development
- Business Service Flow
- Business Service Registry
- Business Service Parts
    - Service Name
    - Business service definition package
    - Service contract
    - Purpose
    - Business logic
    - Constraints
    - Use cases
    - Solutions set
    - Structure diagram
    - Performance standards
    - Test scenarios and test cases
    - Map to MITA data models

d. Medicaid Enterprise MITA Technical Services
The PMO Vendor shall define and develop the Technical Services component of the Technical Architecture. This will identify the technical interfaces, standard interface definitions and a description of the underlying business logic. For the Technical Services the PMO Vendor shall include at a minimum:

- Technical Service Approach
- Technical Service Development
- Technical Service Areas
- Technical Service Flow
- Technical Service Solutions Set
- Technical Services Parts
    - Service Name
    - Purpose
    - Business logic
    - Constraints
    - Formal interface definition
    - Use cases
    - Solutions set
    - Structure and activity diagram
    - Performance standards
    - Test scenarios and test cases
    - Map to MITA data models

e. Medicaid Enterprise MITA Application Architecture (AA)
The PMO Vendor shall define and develop the Application Architecture component of the Technical Architecture. The Application Architecture defines the relationship between the end users, services and infrastructure. It will provide guidance on how to connect services and infrastructures to improve services for end users. For the Application Architecture the PMO Vendor shall include at a minimum:

- Approach
- Design principals and design patterns
- Application Architecture multilayer model
    - Access Layer
    - Service management Layer
    - Service Application Layer
    - Platform Layer
- Application Architecture key components
    - Enterprise service bus and access channels
    - Service management engine
    - Service gateways and mediators
    - Distributed computing and Data Access
    - Interoperable Services
- Security and Privacy
- Service and Infrastructure Interaction

f. Medicaid Enterprise MITA Technology Standards
The PMO Vendor shall document and develop the technical standards component including at a minimum the Technology Reference Model (TRM) and Technology Standards Reference Guide (TSRG). For the Technology Standards the PMO Vendor shall include at a minimum:

- Technology Standards Reference Model
    - Key Elements of the Standards Reference Model (SRM)
    - Applicable Standards
    - Service Delivery and Service Support
    - Technology Readiness and Maturity
    - Key Elements of the Technology Readiness and Maturity
- Technology Standards Reference Guide

- Architecture, analysis and Design Standards
- Service Interoperability Standards
- Security and Privacy Standards
- Business Enabling Technologies
- Data and Information Standards

- Governing Technology Standards

g. Medicaid Enterprise MITA Technical Capability Matrix (TCM)
The PMO Vendor shall document and develop the Technical Capability Matrix (TCM) component of the Technical Architecture. The TCM shall define the level of MITA maturity each component of the TA. It shall define the AS-IS and TO-BE MITA Maturity Level with a roadmap to move from the AS-IS to the TO-BE.

e) Medicaid Enterprise MITA Information Architecture (IA)
The PMO Vendor shall develop the Medicaid Enterprise MITA Information Architecture artifacts. These artifacts will map the enterprise data to the Business Architecture (BA) Business Processes. The IA must always be aligned with the BA and the TA. There are six (6) components to the IA listed below as a through f. These are living artifacts that will evolve through the MITA life cycle.

a. Approach to MITA Information Architecture
The PMO Vendor shall design and develop a document that defines their approach to Medicaid Enterprise Information Architecture. This shall be a document that defines the relationship between the BA, TA and the IA artifacts created below. It will also define the methods, processes and procedures that will be use to ensure the BA, TA and IA remained aligned through the life of the project.
The Approach to Medicaid Enterprise Information Architecture shall gather requirements for a Medicaid Agency enterprise IA tool. These requirements shall be used to propose non-proprietary COTS tools to be used as a repository for the Medicaid IA information. The PMO Vendor shall propose at least 3 possible tools with the requirements mapped to tool functions, as well as assumptions, benefits and constraints of each tool. This information shall be presented to the Agency for a decision. A single tool may be proposed by the PMO Vendor for the Medicaid Technical Architecture and the Medicaid Information architecture. If a single tool is proposed, the Vendor shall map the all requirements to the tool functions. The PMO Vendor shall also define the method that will be used to isolate the functional area or MMIS information from the MITA (enterprise) information, as well as the method to include the functional area or MMIS information with the MITA (enterprise) information when needed. See section IV.D.2. Commercial Off-The-Shelf (COTS) Software for more requirements on the tool. See section IV. I.2.d).a. Medicaid Enterprise Approach to MITA Technical Architecture for more information on the Medicaid Technical Architecture.

b. Medicaid Enterprise MITA Data Management Strategy (DMS)
The PMO Vendor shall design and develop the MITA Data Management Strategy document required by CMS. The DMS document shall provide the data management processes, techniques, and products needed by the Agency to achieve optimal sharing of Medicaid Enterprise information. Some areas to be addressed by the DMS are:
- Data Governance
- Transformation plan and challenges
- Enterprise Data Management and Stewardship
- Common data architecture
- Enterprise modeling
- Enterprise metadata repository
- Data sharing architecture

c. Medicaid Enterprise MITA Conceptual Data Model (CDM)
The PMO Vendor shall design and develop an enterprise Conceptual Data Model (CDM). It shall provide a visual representation of the data required to run the enterprise or a business activity. This model shall help bridge the gap between the Agency Subject Matter Expert (SME), IT architects and designers. It shall define the data and relationships used in each of the business processes. At a minimum, the CDM shall contain entities, definitions and sources.

d. Medicaid Enterprise MITA Logical Data Model (LDM)
The PMO Vendor shall design and develop an enterprise Logical Data Model (LDM) for enterprise and each of the business processes. This shall include at a minimum entities, class, class properties (attributes), relationships, definitions, domains, related standards, and Entity Relationship Diagrams (ERDs).

e. Medicaid Enterprise MITA Data Standards (DS)
The PMO Vendor shall develop and document both structure and vocabulary data standards in order to enable the interoperability and data sharing objectives of the Medicaid enterprise. The Data standards shall include, at a minimum, the following:
- Developing Data Standards
- Business Scenarios utilizing Standards
- Model Based Standards
- Health Standard Developing Organizations and Standards
- Governing Data Standards

f. Medicaid Enterprise MITA Information Capability Matrix (ICM)
The PMO Vendor shall design and develop an enterprise Information Capability Matrix (ICM). The ICM shall define the level of MITA maturity each component of the IA. It shall define the AS-IS and TO-BE MITA Maturity Level with a roadmap to move from the AS-IS to the TO-BE.

f) MMIS and MITA Concept of Operations (ConOps)
The PMO Vendor shall be responsible for ensuring the MMIS Concept of Operations (MMIS ConOps) and the MITA Concept of Operations (MITA ConOps) remain updated and correct for the life of the contract. Both documents shall use the most current CMS template and contain all the information requested by CMS. The PMO Vendor shall verify the Fiscal Agent information provided in the MMIS ConOps in the first ninety (90) days after contract signing. Beginning on day 91 after contract signing, the PMO Vendor will own the MMIS ConOps and shall be responsible for completing the remainder of the MMIS ConOps document. The PMO Vendor shall present the document to the Agency for approval. The PMO Vendor shall make any updates or changes requested by the Agency throughout the life of the contract.
The MITA ConOps document will be developed by the PMO Vendor working with the Agency. As with the MMIS ConOps, the PMO Vendor shall present the MITA ConOps to the Agency for approval. The PMO Vendor shall make any updates or changes requested by the Agency throughout the life of the contract.

g) Advanced Planning Documents (APDs)
The PMO Vendor shall be required to provide technical and architectural input to the APDs for the transition to modularity. The APDs are the Agency plans submitted to CMS. The APD must contain the information needed to assure CMS that the Agency will attain a MITA maturity level of 3 where possible. The PMO Vendor shall review the APD to verify the Agency will meet the defined TO-BE Vision. The PMO Vendor shall provide a sign-off for each APD.

h) Request for Proposals (RFPs) and/or Request for Bids (RFBs)
The PMO Vendor shall be responsible for providing technical and architectural input to the RFPs/RFBs required to support the TO-BE vision. The PMO Vendor shall also perform a review of the RFP/RFB and verify the requirements create a cohesive plan for the TO-BE Vision. The PMO Vendor shall provide recommendations or corrections to ensure the Agency moves smoothly toward the TO-BE Vision. The

PMO Vendor shall provide comments for any issues found with the RFP/RFB. The PMO Vendor shall provide a Sign-off for each RFP/RFB verifying the contents meets the technical architecture requirements.

i) Executive Level Dashboard
The PMO Vendor shall work with the PMO to develop a ***systematically*** updated dashboard for the Medicaid Executive staff. A manually updated dashboard shall not be acceptable. The dashboard shall contain the metrics needed to assure the Medicaid Executives that the platform and applications are performing as expected and are moving toward or meeting the TO-BE Vision. The PMO Vendor shall make modifications or changes to the dashboard content or structure quarterly or as requested by the Agency.

j) Technical Requirements
The PMO Vendor shall be responsible for developing a set of technical requirements to define the enterprise-wide infrastructure of Medicaid. The PMO Vendor shall also oversee and evaluate the technical requirements during all phases of the program. The PMO Vendor shall work with the System Integrator and other vendors to develop, validate and update technical requirements to ensure the Medicaid MMIS and the Medicaid enterprise technical needs are met.

k) Vendor Technical Artifact Templates
The PMO Vendor shall define a set of technical artifacts templates for each vendor of the project to produce. These templates shall define artifacts that ensure the vendor understands and moves forward the TO-BE Vision of the Agency. The PMO Vendor shall review all artifacts to ensure they meet the vision and the specifications defined in the RFP/RFB. The PMO Vendor shall be responsible for reviewing, commenting and signing-off on the vendor submitted artifacts.

l) Medicaid Enterprise Security
The Agency's Information Security Office has defined the Alabama Medicaid Agency Minimum Protection Requirements and the Alabama Medicaid Agency Information Security Privacy Program. The PMO Vendor shall work with the Agency to define the architecture, standards, processes and procedures needed to implement the policies defined by the Agency's Information Security Office. The PMO Vendor shall also work with the Agency's Information Security Office to define the methods that will be used to monitor and ensure the Agency defined policies are followed.
The PMO Vendor shall work with the Agency to develop an enterprise security report card. The PMO Vendor shall report on the Enterprise Security report card during the monthly Medicaid Enterprise Architecture governance meetings. Agency selected information from the report card shall also be included in the executive dashboard.
If the Agency has not selected security tools, then the PMO Vendor shall work with the Agency to define a set of requirements for the security tools. The PMO Vendor shall research commercial off-the-shelf (COTS) data security tracking tools. The PMO Vendor shall submit at least three (3) software products with the requirements mapped to the software functions. The PMO Vendor shall also include a list of benefits and constraints for each software product. This information shall be submitted to the Agency for the final decision. See section IV.D.2. Commercial Off-The-Shelf (COTS) Software for additional specifications.
The PMO Vendor shall perform a yearly assessment of the Medicaid enterprise, vendors, MMIS and systems security. The PMO Vendor shall provide documented analysis, issues, recommendations, and identify areas that require correction. The Vendor shall track the issues and areas that require a correction to completion with detailed, signed resolution. The PMO Vendor shall work with the Agency to implement any recommendations from the assessment that are approved by the Agency. The PMO Vendor shall work with the Agency to prioritize the issues, areas that require corrections and Agency approved recommendations. The PMO Vendor shall provide a status/progress report during the monthly Enterprise Architecture governance meeting.
This PMO Vendor's Security expert shall be involved in a series of workshops or requirement gathering sessions with all Agency identified stakeholders including but not limited to business/program policy, field staff, other vendors, interface partners, state and federal partners. As a result of these workshops, the

PMO Vendor shall define the enterprise interface security requirements, processes and procedures to be enforced throughout the life of the contract. Once the requirements are defined, the PMO Vendor shall add them to the requirements traceability matrix and shall be responsible for the applicable requirements being included in all subsequent RFPs. During each phase of the project, the PMO Vendor shall be responsible for developing, updating, testing, and validating security requirements. It will be the PMO Vendor's responsibility to ensure any changes, additions or modifications to the security requirements throughout the life of the contract are applied to existing applications or systems. See section IV.E.1. PMO Vendor Provided Hardware **and** section IV.F.4. Security for more information on security.

m) Privacy Impact Assessment (PIA)

The PIA is one of the required compliance artifacts within the Minimum Acceptable Risk Standards for Exchange (MARS-E). CMS provides a template for the assessment which contains a section on 'continuous monitoring'. The PMO Vendor shall be responsible for creating, maintaining and performing the monitoring tasks for the PIA throughout the life of the contract. The PIA must be submitted to CMS annually or whenever a significant change occurs. The PMO Vendor shall review the PIA with the Agency. The Agency will submit the PIA to CMS. The Agency may request a meeting for the PMO Vendor to review the document. The Agency shall request a corrective action plan any time the PIA is not current or correct. The first PIA shall be available for the Project Initiation Milestone review with CMS.

n) Enterprise Architecture Detailed Project Schedule

The PMO Vendor shall be required to develop an Enterprise Architecture (EA) Detailed Project Schedule that follows the Schedule Management Plan and schedule specifications document defined by the Program Management Office in Section IV. H. o) PMO Detailed Project Schedule. The detailed project schedule shall define the EA tasks, deliverables and milestones to provide an accurate and achievable schedule. The schedule will be used by Medicaid to monitor and manage the EA efforts. The EA Technical Project Manager shall work jointly with Medicaid to review, revise, and finalize the schedule. The schedule shall be updated weekly or as requested by the Agency. The Agency may request more frequent updates during critical project times. The EA Technical Project Manager shall review the detail project schedule and specified extracts of the schedule during each status meeting.

3. Enterprise Architecture Required Artifacts

The list below consist of a set of deliverables for the project.
The PMO Vendor shall be responsible for producing the following artifacts to address their project team.
The artifacts must be produced to receive payment according to the PMO Vendor's project schedule.
The artifacts below must be maintained and updated. Standard maintenance shall occur at any time during the project but a periodic review will encompass the entire document. The frequency below indicates a time frame for these periodic reviews. The PMO Vendor can discuss changes to these time frames with the Agency.

Deliverables	Required Artifact	Frequency
EA-a--Detailed Approach To MITA Enterprise Architecture	Describe in detail how the PMO Vendor will approach conducting activities related to MITA Medicaid Enterprise Architecture	Six (6) weeks from contract signing Update every six (6) months throughout the project
EA-b--MITA Enterprise Architecture Governance	Describe how the PMO Vendor will govern the MITA enterprise architecture to ensure it is maintained and followed.	Three (3) months from contract signing Update every six (6) months throughout the project
EA-c--MITA Enterprise Architecture Governance Meetings	Meeting Agenda Meeting Related Documents Meeting Minutes	Monthly Quarterly as Requested
EA-d-a--MITA Approach To MITA Technical Architecture	Describe how the PMO Vendor will approach conducting activities related to MITA Technical Architecture	Three (3) months from contract signing Update every six (6) months throughout the project
EA-d-b--MITA Technical Management Strategy	Define the MITA technical management strategy	Six (6) months from contract signing Update every six (6) months throughout the project
EA-d-c--MITA Business Services	Define the MITA business services component of the MITA Technical Architecture	Three (3) months from contract signing Update every six (6) months throughout the project
EA-d-d--MITA Technical Services	Define the MITA technical services component of the MITA Technical Architecture	Eight (8) Months from contract signing Update every six (6) months throughout the project

Deliverables	Required Artifact	Frequency
EA-d-e--MITA Application Architecture	Define the MITA application architecture (AA) component of the MITA Technical Architecture	Eight (8) Months from contract signing Update every six (6) months throughout the project
EA-d-f--MITA Technology Standards	Define the MITA Technology Standards which includes the Technology Reference Model (TRM) and the Technology Standards Reference Guide (TSRG).	Nine (9) Months from contract signing Update every six (6) months throughout the project
EA-d-g--MITA Technical Capability Matrix	Define the MITA Technical Capability Matrix (TCM)	Nine (9) Months from contract signing Update every six (6) months throughout the project
EA-e-a--Approach To MITA Information Architecture	Describe how the PMO Vendor will approach conducting activities related to MITA Information Architecture	Three (3) months from contract signing Update every six (6) months throughout the project
EA-e-b--MITA Data Management Strategy	Define the MITA Data Management Strategy (DMS).	Six (6) months from contract signing Update every six (6) months throughout the project
EA-e-c--MITA Conceptual Data Model (CDM)	Define the enterprise conceptual data model (CDM).	Eight (8) Months from contract signing Update every six (6) months throughout the project
EA-e-d--MITA Logical Data Model	Define the enterprise logical data model (LDM).	Eight (8) Months from contract signing Update every six (6) months throughout the project
EA-e-e--MITA Data Standards	Define the MITA Data Standards (DS).	Nine (9) Months from contract signing Update every six (6) months throughout the project

Deliverables	Required Artifact	Frequency
EA-e-f--MITA Information Capability Matrix	Define the MITA Information Capability Matrix (ICM).	Nine (9) Months from contract signing Update every six (6) months throughout the project
EA-f—MMIS Concept Of Operations	Verify and maintain the MMIS Concept of Operations (ConOps)	Ninety-one (91) days from contract signing Update every six (6) months throughout the project
EA-f1—MITA Concept Of Operations	Define the MITA Concept Of Operations (ConOps). Maintain the MITA Concept of Operation (ConOps)	Eleven (11) months from contract signing Update every six (6) months throughout the project
EA-g--Advance Planning Documents (APDs)	Sign-off for each APD	As needed
EA-h--Request for Proposal (RPFs) or Request for Bid (RFBs)	Sign-off for each RFP or RFB	As needed
EA-i--Executive Level Dashboard	Executive Level Dashboard design and maintenance	Three (3) Months from contract signing Updates quarterly
EA-j--Technical Requirements	Define Technical Requirements needed to support the enterprise wide infrastructure of Medicaid.	Five (5) months from contract signing Update every six (6) months throughout the project
EA-k--Vendor Technical Artifact Templates	Define technical Artifact Templates to be used by each project vendor.	Five (5) months from contract signing Update four (4) weeks from new vendor contract signing Update every six (6) months throughout the project

Deliverables	Required Artifact	Frequency
EA-l1--Enterprise Security Architecture, Standards, Policies and Procedures	Develop Architecture, standards, processes and procedure to support the Medicaid Agency Information Security Office defined policies.	Initial draft twelve (12) months from contract signing Yearly reviews Modifications and additions as needed throughout the project Update every six (6) months throughout the project
EA-l2--Enterprise Security Report Card	Develop report card for security	Develop within Three (3) months from contract signing Report on this monthly Update every six (6) months throughout the project
EA-l3--Enterprise Security Monitoring	Develop a methods to monitor and enforce the Information Security Office's security policies.	Twelve (12) months from contract signing Yearly reviews Modifications and additions as needed throughout the project Update every six (6) months throughout the project
EA-l4--Enterprise Security Tool Requirements	Develop the requirements for an enterprise security tool.	Six (6) months from contract signing Update every six (6) months throughout the project
EA-l5--Enterprise Security Assessment	Assess the Medicaid enterprise and systems. Work with the Agency Information Security Offices to prioritize findings.	First assessment must be completed Nine (9) months from contract signing. Update every twelve (12) months throughout the project

Deliverables	Required Artifact	Frequency
EA-l6--Enterprise Interface Security Requirement	Work with the Information Security Office to develop the requirements for interfacing with the Medicaid Enterprise	Twelve (12) months from contract signing Update every six (6) months throughout the project
EA-M1—Privacy Impact Assessment (PIA)	PIA is one of the required compliance artifacts within the Minimum Acceptable Risk Standards for Exchange (MARS-E).	Initial assessment must be available at the Project Initiation Milestone review with CMS Update every six (6) months throughout the project
EA-n- Enterprise Architecture Detailed Project Schedule	EA Detailed Project Schedule	Draft high-level schedule submitted with response. Finalized Four (4) weeks from contract signing. Weekly updates.

4. Enterprise Architecture Contract Required Personnel

The State has identified four Enterprise Architecture contract required personnel positions. The Agency realizes that the PMO Vendor may have other positions that are needed to complete the assigned tasks. State resources will partner with the PMO Vendor's staff; however, the PMO Vendor should expect to be the driver and manager of all project activities to assure that schedule, cost, and project deliverables are met.

Personnel	General Responsibilities	Minimum Qualifications
Technical Project Manager ***Key Personnel 1 position for the life of contract.	Oversee and direct EA project team Provide regular project updates, performance and status reports Manage EA schedule and deliverables Manage Resource utilization and team integration Corrective Action as needed Provide bi-weekly status report	• 6 – 8 years of experience managing Medicaid or Major Health Care Payer projects • 4 – 6 years of experience as a Technical Project Manager (project manager of datacenter or infrastructure type project) • 4-6 years of experience managing multi-vendor projects • 4 – 6 years of experience with Medicaid Enterprise Certification Toolkit and CMS procurement requirements • Experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.

Personnel	General Responsibilities	Minimum Qualifications
Senior Enterprise Architect ***Key Personnel** 1 position for the life of contract.	Provide senior level expertise on decisions, priority's as related to the overall enterprise architecture Establish and implement standards, processes and procedures related to integration of multiple platforms, operating systems and applications across the enterprise Review, advise and designs standard software and hardware builds, system options, risks, cost, benefits and impact on the Medicaid enterprise Create and facilitate enterprise governance structure Provides technical guidance to project team as appropriate Track industry trends and maintains knowledge of new technologies to make recommendations for the Medicaid enterprise	• 8 – 10 years enterprise architecture experience including architecture design, deployment, infrastructure planning and optimization • 6 – 8 years of experience on a Medicaid or Major Health Care Payer Project • 3 – 5 years of experience managing or leading large multi-vendor projects or teams • 3 – 5 years of experience working with senior management and key stakeholders • 3 – 5 years of Experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.
Enterprise Architect	Work with Senior Enterprise Architect Document and support enterprise architecture (EA) Work with enterprise governance structure Enforce EA standards Identify and populate EA repository	• 5 – 7 years IT architecture experience including architecture design, deployment, infrastructure planning and optimization • 3 - 5 years of experience on Medicaid or Major Health Care Payer Projects • 2 – 4 years of experience working on large multi-vendor projects or teams • Experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.

Personnel	General Responsibilities	Minimum Qualifications
Enterprise Architect Analyst	Responsible for research, collecting, and assisting in the EA analysis Research, analyze and document EA process and procedures Support project research to identify and evaluate emerging technologies Translate technical and/or complicated information into clear concise artifacts that can be understood by executive management	• 3 – 5 years of IT experience in architecture design, systems analysis and development • 1 – 3 years of experience with large or multi-vendor projects • 3 – 5 years of experience as a technical writer/quality assurance • Bachelor's degree in computer science, information systems or similar field. Or equivalent work experience.

J. Organizational Change Management (OCM)

As a part of the response to this Proposal, the PMO Vendor must describe how they plan to perform each of the following in a max of 20 pages (10 pages front and back) as listed in this Organizational Management Section of the Statement of Work. The Vendor's response should specifically address proven methods used in previous projects. The Agency would like the PMO Vendor to focus on specific areas in their response identified in the list below and provide examples with descriptions when indicated.

- ***Project Overview – Provide a high-level project approach that addresses***
  - ***Section IV.H.1 Organizational Change Management Overview/Statement of Need***
  - ***Section IV.H.2.a Detailed Approach to Organizational Change Management***
  - ***Section IV.J.2.b Kick-off Meetings***
  - ***Section IV.J.2.h Project Schedule***
  - ***Section IV.J.2.i Executive Level Dashboard***
  - ***Section IV.J.2.j OCM Reviews and Meetings***
- ***Section IV.J.2.c OCM Strategic Plan – example with description***
- ***Section IV.J.2.d OCM Communication Plan – example with description***
- ***Section IV.J.2.e OCM Training Plan – example with description***
- ***Section IV.J.2.f Implementation or Cohort Specific Plan – example with description***
- ***Section IV.J.2.g OCM Tracking Matrix – example with description***

1. **Organizational Change Management Overview/Statement of Need**

The Transition to Modularity Project will require Alabama Medicaid to make many changes to the business and work processes. These business changes will need to be in step with the system changes throughout the life of the project. In many ways, the business changes must be managed more carefully than the system changes because they involve people and feelings. These organizational changes will force many people outside their comfort zone. The OCM Team must advocate and gain Medicaid management decisions at key milestones or touchpoints. It will be the responsibility of the OCM team to ensure these changes are approved my Medicaid management, anticipated, planned and well received. The OCM team shall look ahead to identify the impacts and define plans to make this transition as easy as possible for all parties involved. The OCM team shall be responsible for training the business area on the new system, processes and procedures. When the OCM team completes the business transition, they shall leave the business users with the knowledge and artifacts to support the modified business functions.

2. Organizational Change Management Specifications/Requirements

a) OCM Approach

The PMO Vendor shall create an Organizational Change Management Approach document for the MMIS Transition to Modularity Project. This OCM Approach document shall focus on proven methods that have been used in the past. This must not be a "one size fits all" approach. The Agency expects the OCM team to prepare the business areas for the coming changes. The business areas should anticipate the changes, be prepared for them and actually use the modified processes and procedures. The PMO Vendor shall present multiple ways to accomplish the OCM goal. This OCM approach document shall include but not be limited to the following:

- Summary/Overview
  - Background
  - Scope
  - Goals
  - Definition of OCM Success
- Organization and Governance
  - Reporting Framework
- OCM Identification Tools, Processes and Procedures
- Stakeholder Identification
- OCM Responsibility Assignment Matrix (RACI)
- Communication Methods
- Defining and managing:
  - Assumptions
  - Dependencies
  - Constrains
  - Risks
  - Controls
  - Metrics
- Training Approach identifying training methods
  - Benefits and constraints for each method
  - Possible uses for each method
  - Tools that may be used
- Business Transition Artifacts
  - Transition Roadmap
  - Business Process Flow
  - Business Production Responsibility Assignment Matrix (RACI Chart)
  - Business Reporting and Monitoring

b) OCM Kick-Off Meetings

The OCM Team shall be responsible for scheduling, developing presentations and/or handouts and coordinating all OCM Kick-off meetings for the AMMI project. The first kick-off shall be for the start of the OCM project and shall introduce the business areas to the processes, procedures, artifacts, task and the actions required of the business areas. Going forward, the OCM Team shall be responsible for scheduling, developing presentations and/or handouts and coordinating Implementation or Cohort Specific Kick-off meetings as needed throughout the life of the project. This is the minimal list of kick-off meetings. Other kick-off meetings may be needed.

c) OCM Strategic Plan

The PMO Vendor shall create and maintain an Organizational Change Management Strategic Plan. The Plan shall define the standards, goals, processes and procedures to be used. The Strategic Plan shall

provide the "Play Book" for the specific OCM changes that follow. The Strategic Plan will include but not be limited to:

- Introduction
- OCM Scope
- Stakeholder
    - Identification
    - Objectives
    - Roles and Responsibilities
    - Stakeholder Responsibility Assignment Matrix (RACI Chart)
- Governance and Reporting
    - Governance
    - Organization
    - OCM Team Responsibility Assignment Matrix (RACI)
    - Reporting Framework
- OCM impact Identification
    - Tools
    - Processes
    - Procedures
- Transition Plan
    - Approach
    - Transition Plan
    - Current State
    - Future State
    - Transition Roadmap
    - Potential Impacts with severity rating
- OCM Effectiveness
    - OCM Effectiveness Monitoring Plan
    - OCM Effectiveness Metrics
- Templates
    - Transition Plan
    - Current State to Future State road map of Business Processes
    - Training Plan,
        - Training Schedule
        - Documentation updates or creation
        - Knowledge Transfer Plan
    - Production Turn-over documents
        - Business Production Responsibility Assignment Matrix (RACI Chart)
        - Production personnel requirement
            - New positions
            - New skills inventories
            - Transitioned positions
            - Transitioned skills
        - Production Reporting Metrics
        - Production Monitoring Metrics
        - Updated Business Processes
        - Business Process Flow

The OCM Effectiveness standards, metrics and reporting will be defined by the Agency, the PMO team and the OCM team after the start of the contract. If the OCM Effectiveness standards are not met,

then a corrective action plan will be required to define the OCM actions related to additional communication and training.

d) OCM Communication Plan

The PMO Vendor shall provide an OCM Communication Plan that defines the OCM communication processes for the project. It shall serve as a framework for the OCM communication throughout the project. This is a working document and shall be updated as communication needs change. This plan identifies the stakeholders with whom it is critical to communicate and contains a Communication Matrix which maps specific messages to stakeholders or stakeholder groups. The items captured on the Communications Matrix are then built into the Project Schedule. See Section IV.F.11.Communication Management for more information on the Communication Matrix. The Plan will focus on communication between the MMIS Team, the PMO team, and the Vendor(s). Vendor or PMO Team to Agency communication will be addressed at a high Level. A Specialized Communication plan will be required for each implementation or Cohort. These specialized communication plans shall be included in the Implementation or Cohort Specific OCM Plan. See Section IV.J.2.f OCM Implementation or Cohort Specific Plan.

e) OCM Training Plan

The PMO Vendor shall provide an OCM Training Plan that defines the OCM training methods to be used during the project. It shall serve as a framework for the OCM training throughout the project. This is a working document and shall be updated as training needs change. This plan identifies and defines the stakeholders that require training to easily transition to the new Modular MMIS. The Plan will define the criteria for each type of training to indicate when it will be used. It also contains a Training Matrix which identifies the training required for stakeholders or stakeholder groups. The items captured on the Training Matrix are then built into the Project Schedule. A Specialized Training plan will be required for each implementation or Cohort. These specialized training plans shall be included in the Implementation or Cohort Specific OCM Plan. See Section IV.J.2.f OCM Implementation or Cohort Specific Plan.

f) OCM Implementation or Cohort Specific Plan

The PMO Vendor shall develop and maintain a specialized OCM Focus plan and check-list for each implementation or cohort. The original plan and check-list shall be based on the information in the RFP and identify the current and future business processes. The plan and check-list shall be updated every two (2) weeks and the changes reviewed during the status meeting. The OCM Focus Documents shall provide a road map from the current to achieve the future. It shall identify each step or tasks related to the transition. The OCM Implementation or Cohort Specific Document shall include but not be limited to:

- Introduction
- OCM Scope
- Stakeholder
    - Identification
    - Objectives
    - Roles and Responsibilities
    - Stakeholder Responsibility Assignment Matrix (RACI Chart)
    - OCM Team and Stakeholder Resource Utilization Estimates and Actuals
- Governance and Reporting
    - Governance
    - Organization
    - OCM Team Responsibility Assignment Matrix (RACI)
    - Reporting Framework
- OCM Impact Identification

    - Tools
    - Processes
    - Procedures
- Transition Plan
    - Approach
    - Transition Plan
    - Current State
    - Future State
    - Transition Roadmap of Business Processes
    - Impacts with severity rating
    - Training Plan,
        - Training Schedule
        - Documentation updates or creation
        - Knowledge Transfer Plan
    - Communication Plan
        - Stakeholder Communications
        - Policy, Standards and Regulations
        - Communication Schedule
    - Production Turn-over documents
        - Policy, Standards and Regulation updates
        - Service Level Agreements
        - Business Production Responsibility Assignment Matrix
        - Production Reporting Metrics
        - Production Monitoring Metrics
        - Updated Business Processes
        - Business Process Flow
- OCM Effectiveness
    - OCM Effectiveness Monitoring Plan
    - OCM Effectiveness Metrics

g) OCM Tracking Matrix

The PMO Vendor shall create a tracking matrix for each implementation or cohort and a master tracking matrix that addresses the entire modularity project. This Tracking Matrix will function much like a Requirements traceability Matrix (RTM) and it will be business user friendly. This will provide the Business User with a method to quickly identify all actions associated with an OCM impact. The OCM Team and the Agency will work together to define this OCM Tracking Matrix.

h) OCM Project Schedule

The OCM Team shall be required to develop an OCM Detailed Project Schedule that follows the Schedule Management Plan and schedule specifications document defined by the Program Management Office in Section IV.H.2.o) PMO Detailed Project Schedule. The detailed project schedule shall define the OCM tasks, deliverables and milestones to provide an accurate and achievable schedule. The schedule will be used by Medicaid to monitor and manage the OCM efforts. The OCM Project Lead shall work jointly with Medicaid to review, revise, and finalize the schedule. The schedule shall be updated weekly or as requested by the Agency. The Agency may request more frequent updates during critical project times. The OCM Project Lead shall review the detail project schedule and specified extracts of the schedule during each status

meeting. As Implementation or Cohort specific schedules are developed, they shall be incorporated into the PMO master schedule.

i) Executive Level Dashboard

This shall provide an executive level summary of the OCM project that is ***systematically*** (available on-line) updated. A manually updated dashboard shall not be acceptable. It shall include key performance indicators and metrics for the project. The dashboard shall contain the metrics needed to assure the Medicaid Executives that the OCM team is performing as expected and meeting their objectives. The OCM Team shall make modifications or changes to the dashboard quarterly or as requested by the Agency.

j) OCM Reviews and Meetings

The OCM team shall be responsible for reviewing the proposed changes with the Agency Business area and the MMIS team. The OCM team shall track and report on any action items from the meetings. The OCM team shall also be responsible for providing meeting minutes from any OCM gathering. This includes but is not limited to: Kick-off meetings, training sessions, reviews, discussion, etc. These meeting minutes must be distributed to all stakeholders within three (3) business days of the meeting. All action items will be reviewed during regularly scheduled status meeting until the MMIS team approves the closure.

3. Organizational Change Management Required Artifacts

The PMO Vendor shall be responsible for producing the following artifacts to address their project team. The artifacts must be produced to receive payment according to the PMO Vendor's project schedule. The artifacts below must be maintained and updated. Standard maintenance shall occur at any time during the project but a periodic review will encompass the entire document. The frequency below indicates a time frame for these periodic reviews. If the time frames appear to be unreasonable, the PMO Vendor can discuss changes to these time frames with the Agency.

Deliverables	Required Artifact(s)	Frequency
OCM-2-a – Organizational Change Management Approach	Organizational Change Management Approach Document	Six (6) weeks from contract signing Update every six (6) months throughout the project
OCM-2-b -- OCM Kick Off Meetings	Kick-off Presentations Quick Reference guides as needed Project Contact List	Four (4) weeks from contract signing Update/Create as needed throughout the project
OCM-2-c1 -- OCM Strategic Plan	Define the OCM standards, goals, processes and procedures	Six (6) weeks from contract signing Update every six (6) months throughout the project
OCM-2-c2 -- OCM Templates	Create and maintain the following templates: • Transition Plan • Current State to Future State Roadmap of business processes • Training Plan • Business Production Responsibility Assignment Matrix (RACI Chart) • Production Reporting Metrics • Production Monitoring Metrics • Updated Business Processes • Business Process Flow	Six (6) weeks from contract signing Update every six (6) months throughout the project
OCM-2-d1—OCM Communication Plan	Communication Plan	Six (6) weeks from contract signing Update every six (6) months throughout the project
OCM-2-d2—OCM Communication Matrix	Communication Matrix • Single Vendor • Multi-Vendor	Six (6) weeks from contract signing Update every six (6) months throughout the project

OCM-2- e1—OCM Training Plan	Training Plan	Six (6) weeks from contract signing Update every six (6) months throughout the project
OCM-2- e2—OCM Training Matrix	Communication Matrix • Single Vendor • Multi-Vendor	Six (6) weeks from contract signing Update every six (6) months throughout the project
OCM-2- f1 – OCM Implementation or Cohort Specific Plan	Implementation or cohort Specific Plan	Six (6) weeks from contract signing for new implementation or cohort Update/Create as needed throughout the project
OCM-2- f2 – OCM Implementation or Cohort check-list	Implementation or cohort Specific Check-list	Six (6) weeks from contract signing for new implementation or cohort Update/Create as needed throughout the project
OCM-2- g1 – OCM Implementation or Cohort Tracking Matrix	Implementation or cohort specific tracking matrix	Six (6) weeks from contract signing for new implementation or cohort Update/Create as needed throughout the project Update every six (6) months throughout the project
OCM-2- g2 – OCM Master Tracking Matrix	OCM Master tracking matrix	Six (6) weeks from contract signing Update/Create as needed throughout the project Update every six (6) months throughout the project
OCM-2- h – OCM Project Schedule	Project schedule for the OCM related tasks	Finalized Schedule Four (4) weeks from contract signing. Weekly Schedule updates
OCM-2- i – OCM Executive Level Dashboard	Executive Level Dashboard	Three (3) Months from contract signing Updates quarterly
OCM-2- J – OCM Reviews and Meetings	Meeting Agenda Meeting Minutes Action Items	Update/Create as needed throughout the project

4. Organizational Change Management Contract Required Personnel

The State has identified three Organizational Change Management (OCM) contract required personnel positions. The Agency realizes that the PMO Vendor may have other positions that are needed to complete the assigned tasks. State resources will partner with the PMO Vendor's staff; however, the PMO Vendor should expect to be the driver and manager of all project activities to assure that schedule, cost, and project deliverables are met.

Personnel	General Responsibilities	Minimum Qualifications
OCM Project Lead *****Key Personnel 1 position for the life of contract.	Create the OCM Approach and Strategic plan Develop Implementation or Cohort specific OCM Plans with Check-list for each cohort or vendor implementation Identify OCM Modularity Transition project impacts Create and Maintain the OCM Tracking Matrix Create and maintain the OCM Project Schedule Work with the team and Agency to develop OCM transition plan for each project impact Create and Update associated requirements and Business Processes Track and Resolve Action Items Execute the Organizational Change Management plan Report every 2 weeks on OCM Manage the Organizational Change Management Team	• 3 – 5 years of experience as a lead Organizational Change Management • 3 – 5 years of experience on Medicaid or Major Health Care Payer projects • 3 – 5 years of experience with Medicaid Enterprise Certification Toolkit and CMS procurement requirements • 3 – 5 years of experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative

Personnel	General Responsibilities	Minimum Qualifications
OCM Communication and Training Lead May be multiple positions given the diversity of the responsibilities	Define the OCM Communication and Training Plan Define a plan to measure the success of the OCM Measure the success of the OCM Report Monthly on OCM communications and training	• 3 – 5 years of experience in communication and/or training • 2 – 3 years of experience in Organizational Change Management • 3 – 4 years of experience on Medicaid or Major Health Care Payer projects • 3 – 4 years of experience with requirements and business processes • 1 – 3 years of experience with Medicaid Enterprise Certification Toolkit and CMS procurement requirements • 1 – 3 years of experience with Medicaid Information Technology Architecture (MITA) 3.0 including the maturity matrix and the Seven Conditions and Standards • Working knowledge of Medicaid Transformation Initiative
OCM Analyst Multiple positions for the life of contract.	Write, Update, and Review OCM documents Assist OCM Leads Produce meeting minutes	• 2 – 3 years of experience on Medicaid or Major Health Care Payer projects • 3 – 5 years of experience as a technical writer

V. Pricing

Vendor's response must specify a firm and fixed fee for completion of the PMO services. No time-and-materials Proposals will be considered. Pricing is to be the best and final price. Vendors must submit pricing for all consultant services to be delivered as a full-service model, including the staffing of maintenance and administrative positions for the support of AMMI vendors.

The Vendor to whom the contract is awarded shall be responsible for the performance of all duties contained within this Request for Proposal (RFP) for the firm and fixed price quoted in the Vendor's proposal to this RFP. All proposals must state a firm and fixed price for the services described.

Cost Proposal

The Cost Proposal will be used as the final representation of the Vendor's cost/price, and will be used during the Proposal evaluation. Additional information should be included as necessary to explain in detail the Vendor's cost/price.

Pricing information must be included in the Cost Proposal Section only. Inclusion of Cost Proposal information in any other Section may result in the Proposal being considered as non-responsive, and may result in disqualification.

Vendors must use Appendix E - Cost Proposal Template Section 1 to submit the final firm and fixed costs to be used for evaluation purposes. Vendors must use Appendix E - Cost Proposal Template Section 3 for ALL staff rates utilized to perform the deliverables in Section 1.

The Cost Proposal Template must be signed by a company officer empowered to bind the Vendor to the provisions of this RFP and any contract awarded pursuant to it.

The Vendor must include all expenses, including travel, lodging, and any subcontractor costs when preparing their Cost Proposal.

A Grand Total Firm and Fixed Price of all line items in the Cost Proposal Template is required and must be the same amount that is entered on the RFP Proposal Sheet for the Firm and Fixed Price. In the event of a discrepancy, the Firm and Fixed price entered on the RFP Proposal Sheet will govern. Only the Firm and Fixed price will be used for scoring purposes.

The Cost Proposal will be scored using standardization, so that the lowest overall cost proposal receives the maximum allotted points. All other proposals receive a percentage of the points available based on their cost relationship to the lowest.

In order to assure full performance of all obligations imposed on a Vendor contracting with the State of Alabama, the Vendor will be required to provide a performance guarantee in the amount of $3,000,000.00. The performance guarantee must be submitted by Vendor at least ten (10) calendar days prior to the contract start date. The form of security guarantee must be one of the following: (1) Cashier's check (personal or company checks are not acceptable) (2) Other type of bank certified check (3) Money order (4) An irrevocable letter of credit (5) Surety bond issued by a company authorized to do business within the State of Alabama. This bond must be in force from that date through the term of the operations contract and ninety (90) calendar days beyond and must be conditioned on faithful performance of all contractual obligations. Failure of the Vendor to perform satisfactorily

will cause the performance bond to become due and payable to the State of Alabama. The Chief Financial Officer of Medicaid or his designee shall be custodian of the performance bond. Said bond will be extended in the event the Alabama Medicaid Agency exercises its option to extend the operational contract.

VI. Corporate Background and References

As a part of the response to this Proposal, the Vendor must describe how they will perform each of the following in a max of 50 pages, 25 pages front and back, as listed in Corporate Background and References.

Entities, including each subcontractor if subcontractor(s) are included in the proposal, submitting proposals must:

a. Provide evidence that the Vendor possesses the qualifications required in this RFP.

b. Provide a description of the Vendor's organization, including
   1. Date established.
   2. Ownership (public company, partnership, subsidiary, etc.). Include an organizational chart depicting the Vendor's organization in relation to any parent, subsidiary or related organization.
   3. Number of employees and resources.
   4. Names and resumes of Senior Managers and Partners in regards to this contract. *Use Appendix C: Key Personnel Resume Sheet.*
   5. A list of all similar (multi-vendor) projects the Vendor has worked on within the last three years. The list must show at least three contracts where the Vendor has been the primary vendor.
   6. Include a project organizational chart depicting the Vendor's organization in relation to the PMO Services project including key personnel and any other staff. The project organizational chart shall include staffing levels and experience to demonstrate the ability to successfully complete the project. A detailed breakdown of proposed key personnel for this project, including names, resumes, and the three professional references, as well as, the requested signed letter of commitment where applicable. *Use Appendix C: Key Personnel Resume Sheet and Appendix D: Key Personnel Letter of Commitment.*
   7. A list of all Medicaid agencies or other entities for which the Vendor currently performs or has performed similar work, including the dates of the contracts.
   8. Evidence that the Vendor is financially stable and that it has the necessary infrastructure to complete this contract as described in the Vendor's Proposal. The Vendor must provide audited financial statements for the last three years, or similar evidence of financial stability for the last three years.
   9. Written confirmation that the State will not reimburse the PMO Vendor until: (a) the Project Director has approved the invoice; and (b) the Agency has received and approved all deliverables covered by the invoice.
   10. Details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Vendor or any of its officers, directors, employees, agents or subcontractors of which the Vendor has knowledge, or a statement that there are none. The Agency reserves the right to reject a proposal solely on the basis of this information.

c. Have all necessary business licenses, registrations and professional certifications at the time of the contracting to be able to do business in Alabama. Alabama law provides that a foreign corporation (a business corporation incorporated under a law other than the law of this state) may not transact business in the state of Alabama until it obtains a Certificate of Authority from the Secretary of State. To obtain forms for a Certificate of Authority, contact the Secretary of State, (334) 242-5324, www.sos.state.al.us. The Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the bid.

d. Have at a minimum five (5) years of experience and knowledge in Program Management, Business Analysis, Enterprise Architecture and Organizational Change Management. Identify any prior or current experience in MMIS Modularity projects.

e. Have at a minimum three (3) years of experience in MMIS, CMS Seven Conditions and Standards, MITA, and MMIS Certification.

f. Furnish three (3) references for projects of similar size and scope, including contact name, title, telephone number, and address. Performance references should also include contract type, size, and duration of services rendered. **Two of the three references must be other State MMIS contracts listed as the primary vendor. You may not use any Alabama Medicaid Agency personnel as a reference.**

The State reserves the right to use any information or additional references deemed necessary to establish the ability of the Vendor to perform the conditions of the contract.

VII. Submission Requirements

A. Authority

This RFP is issued under the authority of Section 41-16-72 of the Alabama Code and 45 CFR 74.40 through 74.48. The RFP process is a procurement option allowing the award to be based on stated evaluation criteria. The RFP states the relative importance of all evaluation criteria. No other evaluation criteria, other than as outlined in the RFP, will be used.

In accordance with 45 CFR 74.43, the State encourages free and open competition among Vendors. Whenever possible, the State will design specifications, proposal requests, and conditions to accomplish this objective, consistent with the necessity to satisfy the State's need to procure technically sound, cost-effective services and supplies.

B. Single Point of Contact

From the date this RFP is issued until a Vendor is selected and the selection is announced by the Project Director, all communication must be directed to the Project Director in charge of this solicitation. **Vendors or their representatives must not communicate with any State staff or officials regarding this procurement with the exception of the Project Director.** Any unauthorized contact may disqualify the Vendor from further consideration. Contact information for the single point of contact is as follows:

Project Director:	**Shannon Crane**
Address:	**Alabama Medicaid Agency**
	Lurleen B. Wallace Bldg.
	501 Dexter Avenue
	PO Box 5624
	Montgomery, Alabama 36103-5624
Telephone Number:	**(334) 353-3124**
E-Mail Address:	**PMORFP@medicaid.alabama.gov**

C. RFP Documentation

All documents and updates to the RFP including, but not limited to, the actual RFP, questions and answers, addenda, etc., will be posted to the Agency's website at www.medicaid.alabama.gov.

D. Questions Regarding the RFP

Vendors with questions requiring clarification or interpretation of any section within this RFP must submit questions and receive formal, written replies from the State. Each question must be submitted to the Project Director via email using the PMO RFP Question Log Spreadsheet located in the Procurement Library. Questions and answers will be posted on the website as available.

E. Acceptance of Standard Terms and Conditions

Vendor must submit a statement stating that the Vendor has an understanding of and will comply with the terms and conditions as set out in this RFP. Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Vendor's proposal deemed non-responsive.

F. Adherence to Specifications and Requirements

Vendor must submit a statement stating that the Vendor has an understanding of and will comply with the specifications and requirements described in this RFP. The Vendor must submit a written confirmation that the Vendor understands and shall comply with all of the provisions of the RFP.

G. Order of Precedence

In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor's response, the language contained in the RFP will prevail. Should the State issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendor's proposal in the event of an inconsistency, ambiguity, or conflict.

H. Vendor's Signature

The proposal must be accompanied by the RFP Cover Sheet signed in ink by an individual authorized to legally bind the Vendor. The Vendor's signature on a proposal in response to this RFP guarantees that the offer has been established without collusion and without effort to preclude the State from obtaining the best possible supply or service. Proof of authority of the person signing the RFP response must be furnished upon request.

I. Offer in Effect for Six Months

A proposal may not be modified, withdrawn or canceled by the Vendor for a six (6) month period following the deadline for proposal submission as defined in the Schedule of Events, or receipt of best and final offer, if required, and Vendor so agrees in submitting the proposal.

J. State Not Responsible for Preparation Costs

The costs for developing and delivering responses to this RFP and any subsequent presentations of the proposal as requested by the State are entirely the responsibility of the Vendor. The State is not liable for any expense incurred by the Vendor in the preparation and presentation of their proposal or any other costs incurred by the Vendor prior to execution of a contract.

K. State's Rights Reserved

While the State has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the State to award and execute a contract. Upon a determination such actions would be in its best interest, the State, in its sole discretion, reserves the right to:

- Cancel or terminate this RFP;
- Reject any or all of the proposals submitted in response to this RFP;
- Change its decision with respect to the selection and to select another proposal;
- Waive any minor irregularity in an otherwise valid proposal which would not jeopardize the overall program and to award a contract on the basis of such a waiver (minor irregularities are those which will not have a significant adverse effect on overall project cost or performance);

- Negotiate with any Vendor whose proposal is within the competitive range with respect to technical plan and cost;
- Adopt to its use all, or any part, of a Vendor's proposal and to use any idea or all ideas presented in a proposal;
- Amend the RFP (amendments to the RFP will be made by written addendum issued by the State and will be posted on the RFP website);
- Not award any contract.

L. Price

Vendors must respond to this RFP by utilizing the RFP Cover Sheet to indicate the firm and fixed price for the implementation and updating/operation phase to complete the scope of work.

M. Submission of Proposals

Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to RFP Number: 2019-PMO-01. Proposals must be sent to the attention of the Project Director and received at the Agency as specified in the Schedule of Events. It is the responsibility of the Vendor to ensure receipt of the Proposal by the deadline specified in the Schedule of Events.

N. Copies Required

Vendors must submit one original Proposal with original signatures in ink, six additional hard copies in binder form, plus two electronic (Word format) copies of the Proposal on jump drive clearly labeled with the Vendor name. One electronic copy MUST be a complete version of the Vendor's response and the second electronic copy MUST have any information asserted as confidential or proprietary removed. Vendor must identify the original hard copy clearly on the outside of the proposal. Vendor acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor's response, the language contained in the RFP will prevail. Should Alabama Medicaid Agency issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendor's proposal in the event of an inconsistency, ambiguity, or conflict.

O. Late Proposals

Regardless of cause, late proposals will not be accepted and will automatically be disqualified from further consideration. It shall be the Vendor's sole risk to assure delivery at the Agency by the designated deadline. Late proposals will not be opened and may be returned to the Vendor at the expense of the Vendor or destroyed if requested.

P. Proposal Format

Proposals must be prepared on standard 8 ½" x 11" paper, using a font no smaller than 11 point with 1" margins, and must be bound. All proposal pages must be numbered unless specified otherwise. All responses, as well as, any reference material presented, must be written in English.

Proposals must not include references to information located elsewhere, such as Internet websites. Information or materials presented by the Vendor outside the formal response or subsequent discussion/negotiation, if requested, will not be considered, and will have no bearing on any award.

This RFP and its attachments are available on Medicaid's website. The Vendor acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. In the event of inconsistencies or contradictions between language contained in the RFP and a Vendor's response, the language contained in the RFP will prevail. Should Medicaid issue addenda to the original RFP, then said addenda, being more recently issued, would prevail against both the original RFP and the Vendor's proposal.

Q. Proposal Withdrawal

The Vendor may withdraw a submitted proposal at any time before the deadline for submission. To withdraw a proposal, the Vendor must submit a written request, signed by a Vendor's representative authorized to sign the

resulting contract, to the RFP Project Director. After withdrawing a previously submitted proposal, the Vendor may submit another proposal at any time up to the deadline for submitting proposals.

R. Proposal Amendment

Medicaid will not accept any amendments, revisions, or alterations to proposals after the deadline for submitting proposals unless such is formally requested, in writing, by Medicaid.

S. Proposal Errors

The Vendor is liable for all errors or omissions contained in their proposals. The Vendor will not be allowed to alter proposal documents after the deadline for submitting proposals. If the Vendor needs to change a previously submitted proposal, the Vendor must withdraw the entire proposal and may submit the corrected proposal before the deadline for submitting proposals.

T. Proposal Clarifications

The Agency reserves the right to request clarifications with any or all Vendors if they are necessary to properly clarify compliance with the requirements of this RFP. The Agency will not be liable for any costs associated with such clarifications. The purpose of any such clarifications will be to ensure full understanding of the proposal. Clarifications will be limited to specific sections of the proposal identified by Medicaid. If clarifications are requested, the Vendor must put such clarifications in writing within the specified time frame.

U. Disclosure of Proposal Contents

Proposals and supporting documents are kept confidential until the evaluation process is complete, a Vendor has been selected, and the contract has been signed by all required parties. The Vendor should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the proposal from disclosure if required by law. The Vendor should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "CONFIDENTIAL". The Vendor must also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records law and is marked as Proprietary Information. By way of illustration but not limitation, "Proprietary Information" may include trade secrets, inventions, mask works, ideas, processes, formulas, source and object codes, data, programs, other works of authorship, know-how, improvements, discoveries, developments, designs and techniques.

Information contained in the Pricing Section may not be marked confidential. It is the sole responsibility of the Vendor to indicate information that is to remain confidential. Medicaid assumes no liability for the disclosure of information not identified by the Vendor as confidential. If the Vendor identifies its entire proposal as confidential, Medicaid may deem the proposal as non-compliant and may reject it.

VIII. Evaluation and Selection Process

A. Initial Classification of Proposals as Responsive or Non-responsive

All proposals will initially be classified as either "responsive" or "non-responsive." Proposals may be found non-responsive at any time during the evaluation process or contract negotiation if any of the required information is not provided; or the proposal is not within the plans and specifications described and required in the RFP. If a proposal is found to be non-responsive, it will not be considered further.

Proposals failing to demonstrate that the Vendor meets the mandatory requirements listed in Appendix A will be deemed non-responsive and not considered further in the evaluation process (and thereby rejected).

B. Determination of Responsibility

The Project Director will determine whether a Vendor has met the standards of responsibility. In determining responsibility, the Project Director may consider factors such as, but not limited to, the vendor's specialized expertise, ability to perform the work, experience and past performance. Such a determination may be made at any time during the evaluation process and through contract negotiation if information surfaces that would result in a determination of non-responsibility. If a Vendor is found non-responsible, a written determination will be made a part of the procurement file and mailed to the affected Vendor.

C. Opportunity for Additional Information

The State reserves the right to contact any Vendor submitting a proposal for the purpose of clarifying issues in that Vendor's proposal. Vendors should clearly designate in their proposal a point-of-contact for questions or issues that arise in the State's review of a Vendor's proposal.

D. Evaluation Committee

An Evaluation Committee appointed by the Project Director will read the proposals, conduct corporate and personal reference checks, and score the proposals. The State may change the size or composition of the committee during the review in response to exigent circumstances.

E. Scoring

The Evaluation Committee will score the proposals using the scoring system shown in the table below. The highest score that can be awarded to any proposal is 100 points.

Evaluation Factor	Highest Possible Score
References	5
Corporate Background	15
Scope of Work	40
Price	40
Total	**100**

F. Determination of Successful Proposal

The Vendor whose proposal is determined to be in the best interest of the State will be recommended as the successful PMO Vendor. The Project Director will forward this Vendor's proposal through the supervisory chain to the Commissioner, with documentation to justify the Committee's recommendation.

When the final approval is received, the State will notify the selected Vendor. If the State rejects all proposals, it will notify all Vendors. The State will post the award on the Agency website at www.medicaid.alabama.gov. The award will be posted under the applicable RFP number.

IX. General Terms and Conditions

A. General

This RFP and Contractor's response thereto shall be incorporated into a contract by the execution of a formal agreement. The contract and amendments, if any, are subject to approval by the Governor of the State of Alabama.

The contract shall include the following:

1. Executed contract,
2. RFP, attachments, and any amendments thereto,
3. Contractor's response to the RFP, and shall be construed in accordance with and in the order of the applicable provisions of:
   - Title XIX of the Social Security Act, as amended and regulations promulgated hereunder by HHS and any other applicable federal statutes and regulations
   - The statutory and case law of the State of Alabama
   - The Alabama State Plan for Medical Assistance under Title XIX of the Social Security Act, as amended
   - The Medicaid Administrative Code
   - Medicaid's written response to prospective Vendor questions

B. Compliance with State and Federal Regulations

Contractor shall perform all services under the contract in accordance with applicable federal and state statutes and regulations. Medicaid retains full operational and administrative authority and responsibility over the Alabama Medicaid Program in accordance with the requirements of the federal statutes and regulations as the same may be amended from time to time.

C. Term of Contract

The initial contract term shall be for three years effective December 1, 2019, through November 30, of 2022. Alabama Medicaid shall have two, one-year options for extending this contract. At the end of the contract period Alabama Medicaid may at its discretion, exercise the extension option and allow the period of performance to be extended at the rate indicated on the RFP Cover Sheet subject to review by the Legislative Contract Review Oversight Committee and the signature of the Governor. The Vendor will provide pricing for each year of the contract, including any extensions.

Contractor acknowledges and understands that this contract is not effective until it has received all requisite state government approvals and Contractor shall not begin performing work under this contract until notified to do so by Medicaid. Contractor is entitled to no compensation for work performed prior to the effective date of this contract.

D. Contract Amendments

No alteration or variation of the terms of the contract shall be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment shall specify the date its provisions shall be effective as agreed to by the parties.

The contract shall be deemed to include all applicable provisions of the State Plan and of all state and federal laws and regulations applicable to the Alabama Medicaid Program, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, that materially affects the operation of the Alabama Medicaid Program or the costs of administering such Program, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change.

E. Confidentiality

Contractor shall treat all information, and in particular information relating to individuals that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws including 45 CFR §160.101 – 164.534. Contractor shall not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract.

Contractor shall ensure safeguards that restrict the use or disclosure of information concerning individuals to purposes directly connected with the administration of the Plan in accordance with 42 CFR Part 431, Subpart F, as specified in 42 CFR § 434.6(a)(8). Purposes directly related to the Plan administration include:

1. Establishing eligibility;
2. Determining the amount of medical assistance;
3. Providing services for recipients; and
4. Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Plan.

Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191), the successful Contractor shall sign and comply with the terms of a Business Associate agreement with the Agency (Appendix B).

F. Security and Release of Information

Contractor shall take all reasonable precautions to ensure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all employees so involved. Contractor shall not release any data or other information relating to the Alabama Medicaid Program without prior written consent of Medicaid. This provision covers both general summary data as well as detailed, specific data. Contractor shall not be entitled to use of Alabama Medicaid Program data in its

other business dealings without prior written consent of Medicaid. All requests for program data shall be referred to Medicaid for response by the Commissioner only.

G. Federal Nondisclosure Requirements

Each officer or employee of any person to whom Social Security information is or may be disclosed shall be notified in writing by such person that Social Security information disclosed to such officer or employee can be only used for authorized purposes and to that extent and any other unauthorized use herein constitutes a felony punishable upon conviction by a fine of as much as $5,000 or imprisonment for as long as five years, or both, together with the cost of prosecution. Such person shall also notify each such officer or employee that any such unauthorized further disclosure of Social Security information may also result in an award of civil damages against the officer or employee in an amount not less than $1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n). Additionally, it is incumbent upon the contractor to inform its officers and employees of penalties for improper disclosure implied by the Privacy Act of 1974, 5 USC 552a. Specifically, 5 USC 552a (i) (1), which is made applicable to contractors by 5 USC 552a (m) (1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses that material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

H. Contract a Public Record

Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. Contractor agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on disclosure. It is expressly understood that substantial evidence of Contractor's refusal to comply with this provision shall constitute a material breach of contract.

I. Termination for Bankruptcy

The filing of a petition for voluntary or involuntary bankruptcy of a company or corporate reorganization pursuant to the Bankruptcy Act shall, at the option of Medicaid, constitute default by Contractor effective the date of such filing. Contractor shall inform Medicaid in writing of any such action(s) immediately upon occurrence by the most expeditious means possible. Medicaid may, at its option, declare default and notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

J. Termination for Default

Medicaid may, by written notice, terminate performance under the contract, in whole or in part, for failure of Contractor to perform any of the contract provisions. In the event Contractor defaults in the performance of any of Contractor's material duties and obligations, written notice shall be given to Contractor specifying default. Contractor shall have 10 calendar days, or such additional time as agreed to in writing by Medicaid, after the mailing of such notice to cure any default. In the event Contractor does not cure a default within 10 calendar days, or such additional time allowed by Medicaid, Medicaid may, at its option, notify Contractor in writing that performance under the contract is terminated and proceed to seek appropriate relief from Contractor.

K. Termination for Unavailability of Funds

Performance by the State of Alabama of any of its obligations under the contract is subject to and contingent upon the availability of state and federal monies lawfully applicable for such purposes. If Medicaid, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, Medicaid shall promptly notify Contractor to that effect, whereupon the obligations of the parties hereto shall end as of the date of the receipt of such notice and the contract shall at such time be cancelled without penalty to Medicaid, State or Federal Government.

L. Proration of Funds

In the event of proration of the funds from which payment under this contract is to be made, this contract will be subject to termination.

M. Termination for Convenience

Medicaid may terminate performance of work under the Contract in whole or in part whenever, for any reason, Medicaid, in its sole discretion determines that such termination is in the best interest of the State. In the event that Medicaid elects to terminate the contract pursuant to this provision, it shall so notify the Contractor by certified or registered mail, return receipt requested. The termination shall be effective as of the date specified in the notice. In such event, Contractor will be entitled only to payment for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress. The Contractor will not be entitled to payment for uncompleted work, or for anticipated profit, unabsorbed overhead, or any other costs.

N. Force Majeure

Contractor shall be excused from performance hereunder for any period Contractor is prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, or court order; such nonperformance shall not be a ground for termination for default.

O. Nondiscriminatory Compliance

Contractor shall comply with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Executive Order No. 11246, as amended by Executive Order No. 11375, both issued by the President of the United States, the Americans with Disabilities Act of 1990, and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.

P. Conflict of Interest

The parties acknowledge and agree that the Contractor must be free of conflicts of interest in accordance with all federal and state regulations while performing the duties within the contract and this amendment. The Contractor agrees it has no conflict of interest preventing the execution of a Contract and will abide by all applicable state and federal regulations regarding conflicts of interest.

Q. Open Trade

In compliance with Section 41-16-5 Code of Alabama (1975), the contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

R. Small and Minority Business Enterprise Utilization

In accordance with the provisions of 45 CFR Part 74 and paragraph 9 of OMB Circular A-102, affirmative steps shall be taken to assure that small and minority businesses are utilized when possible as sources of supplies, equipment, construction, and services.

S. Worker's Compensation

Contractor shall take out and maintain, during the life of this contract, Worker's Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.

T. Employment of State Staff

Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of Medicaid during the previous twelve (12) months, except retired employees or contractual consultants, without the written consent of Medicaid. Certain Medicaid employees may be subject to more stringent employment restrictions under the Alabama Code of Ethics, §36-25-1 et seq., Code of Alabama 1975.

U. Immigration Compliance

Contractor will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Contractor shall comply with the requirements of the Immigration Reform and Control Act of 1986 and the Beason- Hammon Alabama Taxpayer and Citizen Protection Act (Ala, Act 2012- 491 and any amendments thereto) and certify its compliance by executing Attachment G. Contractor will document that the Contractor is enrolled in the E-Verify Program operated by the US Department of Homeland Security as required by Section 9 of Act 2012-491. During the performance of the contract, the contractor shall participate in the E-Verify program and shall verify every employee that is required to be verified according to the applicable federal

rules and regulations. Contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the performance of the services pursuant to this contract, that the Contractor will secure from such subcontractor(s) documentation that subcontractor is enrolled in the E-Verify program prior to performing any work on the project. The subcontractor shall verify every employee that is required to be verified according to the applicable federal rules and regulations. This subsection shall only apply to subcontractors performing work on a project subject to the provisions of this section and not to collateral persons or business entities hired by the subcontractor. Contractor shall maintain the subcontractor documentation that shall be available upon request by the Alabama Medicaid Agency.

Pursuant to Ala. Code §31-13-9(k), by signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Failure to comply with these requirements may result in termination of the agreement or subcontract.

V. Share of Contract

No official or employee of the State of Alabama shall be admitted to any share of the contract or to any benefit that may arise there from.

W. Waivers

No covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract shall be waived except by written agreement of the parties.

X. Warranties Against Broker's Fees

Contractor warrants that no person or selling agent has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission percentage, brokerage, or contingency fee excepting bona fide employees. For breach of this warranty, Medicaid shall have the right to terminate the contract without liability.

Y. Novation

In the event of a change in the corporate or company ownership of Contractor, Medicaid shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity must agree to the terms of the original contract and any amendments thereto. During the interim between legal recognition of the new entity and Medicaid execution of the novation agreement, a valid contract shall continue to exist between Medicaid and the original Contractor. When, to Medicaid's satisfaction, sufficient evidence has been presented of the new owner's ability to perform under the terms of the contract, Medicaid may approve the new owner and a novation agreement shall be executed.

Z. Employment Basis

It is expressly understood and agreed that Medicaid enters into this agreement with Contractor and any subcontractor as authorized under the provisions of this contract as an independent Contractor on a purchase of service basis and not on an employer-employee basis and not subject to State Merit System law.

AA. Disputes and Litigation

Except in those cases where the proposal response exceeds the requirements of the RFP, any conflict between the response of Contractor and the RFP shall be controlled by the provisions of the RFP. Any dispute concerning a question of fact arising under the contract which is not disposed of by agreement shall be decided by the Commissioner of Medicaid.

The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this contract shall be limited to the filing of a claim with the board of Adjustment for the State of Alabama. Pending a final decision of a dispute hereunder, the Contractor must proceed diligently with the performance of the contract in accordance with the disputed decision.

For any and all disputes arising under the terms of this contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize

appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through private mediators.
Any litigation brought by Medicaid or Contractor regarding any provision of the contract shall be brought in either the Circuit Court of Montgomery County, Alabama, or the United States District Court for the Middle District of Alabama, Northern Division, according to the jurisdictions of these courts. This provision shall not be deemed an attempt to confer any jurisdiction on these courts which they do not by law have, but is a stipulation and agreement as to forum and venue only.

BB. Liquidated Damages

In the event that Contractor fails to meet the RFP and contract requirements, and damages are sustained by Medicaid; Contractor agrees to pay Medicaid the sums set forth below as liquidated damages unless these damages are waived by Medicaid.

Medicaid may impose liquidated damages for the following:

- Failure to deliver requisite reports/services/deliverables as defined by the RFP by the date specified by Medicaid. - $100 per day per report.
- Failure to comply with any other requirement of the RFP - $1000 per instance.
- Failure to submit or execute an acceptable required corrective action plan - $1000 per instance.
- Failure to perform tasks as specified in the RFP within the time specified by Medicaid - $100 per instance.
- Misrepresentation or falsification of information furnished to CMS, to the State, to an enrollee, potential enrollee or health care provider - $10,000 per instance.

In addition,

- Contractors shall be liable for any penalties or disallowance of Federal Financial Participation incurred by Medicaid due to any delay in CMS certification. Total dollars may include state funds as well as federal funds.
- Imposition of liquidated damages may be in addition to other contract remedies and does not waive Medicaid's right to terminate the contract.
- Unauthorized use of information shall be subject to the imposition of liquidated damages in the amount of thirty thousand dollars ($30,000) per instance.
- Failure to safeguard confidential information of providers, recipients or the Medicaid program shall be subject to the imposition of $30,000 per instance plus any penalties incurred by Medicaid for said infractions.
- Failure to follow security guidelines outlined in section IV.F.4 Security shall be subject to the imposition of $30,000 per instance plus any penalties incurred by Medicaid for said infraction.

Written notification of each failure to meet material contract requirements not specifically mentioned above shall be given to the Vendor. The Vendor shall have five (5) days from the date of receipt of written notification of a failure to perform to specifications to cure the failure. However, the Agency may, in its sole discretion, approve additional days if deemed necessary. If the Vendor does not resolve the failure within this warning/cure time period, damages shall be imposed retroactively to the date of failure to perform. The Agency shall assess liquidated damages in the amount of one thousand dollars ($1,000.00) per day for the first ten (10) days until the non-compliance is corrected. On the eleventh day, the Agency shall increase the amount assessed to one thousand five hundred dollars ($1,500.00) per day for the next ten (10) days. The daily damages rate shall continue to increase by five hundred dollars ($500.00) at each interval of ten (10) days until compliance is achieved.

Amounts owed the Agency due to liquidated damages shall be deducted by the Agency from any money payable to the Vendor pursuant to this Contract. These amounts may be deducted from any actual damages claimed by the Agency in the event of litigation for non-compliance and default.
The Vendor shall have an approved Corrective Action Plan (CAP) within 5 business days of a Medicaid request. The Vendor shall be assessed liquidated damages in the amount of five hundred dollars ($500) per business day until the plan is approved. The CAP must contain a schedule of events with a final resolution date that is no more than 30 calendar days from the plan approval date or a final resolution date approved by Medicaid. If the Vendor does not resolve the issue defined in the CAP, they shall be assessed liquidated damages in the amount of one thousand dollars ($1,000.00) for each day after the final resolution date.

Contractor shall receive written notice from Medicaid upon a finding of failure to comply with contract requirements, which contains a description of the events that resulted in such a finding. Contractor shall be allowed to submit rebuttal information or testimony in opposition to such findings. Medicaid shall make a final decision regarding implementation of liquidated damages.

CC. Records Retention and Storage

Contractor shall maintain financial records, supporting documents, statistical records, and all other records pertinent to the Alabama Medicaid Program for a period of three years from the date of the final payment made by Medicaid to Contractor under the contract. However, if audit, litigation, or other legal action by or on behalf of the State or Federal Government has begun but is not completed at the end of the three- year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the three year period, the records shall be retained until resolution.

DD. Inspection of Records

Contractor agrees that representatives of the Comptroller General, HHS, the General Accounting Office, the Alabama Department of Examiners of Public Accounts, and Medicaid and their authorized representatives shall have the right during business hours to inspect and copy Contractor's books and records pertaining to contract performance and costs thereof. Contractor shall cooperate fully with requests from any of the agencies listed above and shall furnish free of charge copies of all requested records. Contractor may require that a receipt be given for any original record removed from Contractor's premises.

EE. Use of Federal Cost Principles

For any terms of the contract which allow reimbursement for the cost of procuring goods, materials, supplies, equipment, or services, such procurement shall be made on a competitive basis (including the use of competitive bidding procedures) where practicable, and reimbursement for such cost under the contract shall be in accordance with 48 CFR, Chapter 1, Part 31. Further, if such reimbursement is to be made with funds derived wholly or partially from federal sources, such reimbursement shall be subject to Contractor's compliance with applicable federal procurement requirements, and the determination of costs shall be governed by federal cost principles.

FF. Payment and Pass-through Expenses

Payment
Contractor shall submit to Medicaid a detailed monthly invoice for compensation for the deliverable and/or work performed. Invoices should be submitted to the Project Director. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

Pass-through Expenses
Compensation for all approved pass-through expenses shall be paid based on documented costs. See Appendix E - Cost Template II. The vendor shall invoice for pass-through expenses on a monthly basis, subject to availability of funds. Each monthly invoice shall have a cover letter/memo addressed to the Medicaid's Fiscal Agent Policy and Systems Management Office printed on the Vendor's company letterhead.

At the Agency's request and approval, the PMO Vendor shall provide the Agency with non-proprietary or transferable commercial off-the-shelf (COTS) products as identified in Sections G, H, and I of the Scope of Work. The PMO Vendor's cost to research the software shall not be considered a billable task. In order for the PMO Vendor to receive payment for the COTS product(s), an original invoice for the product(s) must be submitted with the request for payment. Medicaid must approve the cost of software upgrades prior to implementation. The application of the software upgrades will be the responsibility of the PMO Vendor and shall not be a billable cost.

GG. Notice to Parties

Any notice to Medicaid under the contract shall be sufficient when mailed to the Project Director. Any notice to Contractor shall be sufficient when mailed to Contractor at the address given on the return receipt from this RFP or on the contract after signing. Notice shall be given by certified mail, return receipt requested.

HH. Disclosure Statement

The successful Vendor shall be required to complete a financial disclosure statement with the executed contract.

II. Debarment

Contractor hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency.

JJ. Not to Constitute a Debt of the State

Under no circumstances shall any commitments by Medicaid constitute a debt of the State of Alabama as prohibited by Article XI, Section 213, Constitution of Alabama of 1901, as amended by Amendment 26. It is further agreed that if any provision of this contract shall contravene any statute or Constitutional provision or amendment, whether now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this agreement shall be limited to the filing of a claim against Medicaid with the Board of Adjustment for the State of Alabama.

KK. Qualification to do Business in Alabama

Should a foreign corporation (a business corporation incorporated under a law other than the law of this state) be selected to provide professional services in accordance with this RFP, it must be qualified to transact business in the State of Alabama and possess a Certificate of Authority issued by the Secretary of State at the time a professional services contract is executed. To obtain forms for a Certificate of Authority, contact the Secretary of State at (334) 242-5324 or www.sos.state.al.us. The Certificate of Authority or a letter/form showing application has been made for a Certificate of Authority must be submitted with the proposal.

LL. Choice of Law

The construction, interpretation, and enforcement of this contract shall be governed by the substantive contract law of the State of Alabama without regard to its conflict of laws provisions. In the event any provision of this contract is unenforceable as a matter of law, the remaining provisions will remain in full force and effect.

MM. Alabama interChange Interface Standards

Contractor hereby certifies that any exchange of MMIS data with the Agency's fiscal agent will be accomplished by following the Alabama interChange Interface Standards Document, which will be posted on the Medicaid website.

NN. Software and ownership rights

The State of Alabama shall have all rights of ownership in software, any modifications thereof and all associated documentation designed, developed or enhanced by the Vendor for the MMIS Modularity Project in the performance of its duties under this agreement. The Vendor shall obtain for Medicaid any necessary licenses for all commercial software not owned by the Vendor that is necessary for the performance of the duties and obligations expressed in this agreement. HHS reserves a royalty-free, nonexclusive and irrevocable license to reproduce, publish, or otherwise use, and authorize others to do so, such software, modifications, and documentation.

Appendix A: Proposal Compliance Checklist

NOTICE TO VENDOR:

It is highly encouraged that the following checklist be used to verify completeness of Proposal content. It is not required to submit this checklist with your proposal.

Vendor Name

Project Director Review Date

*Proposals for which **ALL** applicable items are marked by the Project Director are determined to be compliant for responsive proposals.*

☒ **IF CORRECT**	BASIC PROPOSAL REQUIREMENTS	RFP Reference
☐	1. Vendor's original proposal received on time at correct location.	RFP Cover Page, Instructions to Vendors
☐	2. Vendor submitted the specified copies of proposal and in electronic format.	VII. Submission Requirements, N. Copies Required.
☐	3. The Proposal includes a completed and signed RFP Cover Sheet.	RFP Cover Page, Vendor Information
☐	4. The Proposal is a complete and independent document, with no references to external documents or resources.	VII. Submission Requirements, P. Proposal Format
☐	5. Vendor submitted signed acknowledgement of any and all addenda to RFP.	Section A. RFP Checklist
☐	6. The Proposal includes written confirmation that the Vendor understands and shall comply with all of the provisions of the RFP.	VII. Submission Requirements, F. Adherence to Specifications and Requirements
☐	7. The Proposal includes required client references (with all identifying information in specified format and order).	VI. Corporate Background and References
☐	8. The Proposal includes a corporate background.	VI. Corporate Background and References
☐	9. The Proposal includes a detailed description of how the vendor will provide PMO services as outlined in the request for proposal regarding each element listed in the scope of work.	IV. Scope of Work

☒ IF CORRECT	BASIC PROPOSAL REQUIREMENTS	RFP Reference
☐	10. The proposal includes a written confirmation that the Vendor has an understanding of and will comply with the terms and conditions as set out in the RFP. Additions or exceptions to the standard terms and conditions are not allowed. Any addition or exception to the terms and conditions are considered severed, null and void, and may result in the Vendor's bid being deemed non-responsive.	VII. Submission Requirements, E. Acceptance of Standard Terms and Conditions
☐	11. The response includes (if applicable) a Certificate of Authority or letter/form showing application has been made with the Secretary of State for a Certificate of Authority.	VI. Corporate Background and References and IX. General Terms and Conditions, KK. Qualifications to do Business in Alabama
☐	12. The proposal includes a written confirmation that the Vendor has an understanding of the Conflict of Interest Exclusion prohibiting the Vendor from responding to any other contracts related to the Alabama MMIS modularity project.	IV. Scope of Work, A. Overview/Statement of Need
☐	13. The Vendor must submit three (3) professional references and the resume for each key personnel position.	IV. Scope of Work, C. Personnel and VI. Corporate Background and References
☐	14. The Vendor must produce evidence they are financially stable and that it has the necessary infrastructure to complete this project.	VI. Corporate Background and References
☐	15. The Vendor must include any pertinent judgement, criminal conviction, investigation or litigation pending against the Vendor or any of its officers, directors, employees, agents or subcontractors of which the Vendor has knowledge or a statement that there are none.	VI. Corporate Background and References
☐	16. The proposal includes a written confirmation that the State will not reimburse the Vendor until: (a) the Project Director has approved the invoice; and (b) the Agency has relieved and approved all deliverables covered by the invoice.	VI. Corporate Background and References

Appendix B: Contract and Attachments

The following are the documents that must be signed AFTER contract award and prior to the meeting of the Legislative Contract Oversight Committee Meeting.

Sample Contract
Attachment A: Business Associate Addendum
Attachment B: Contract Review Report for Submission to Oversight Committee
Attachment C: Immigration Status
Attachment D: Disclosure Statement
Attachment E: Letter Regarding Reporting to Ethics Commission
Attachment F: Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Attachment G: Beason-Hammon Certificate of Compliance

CONTRACT

BETWEEN
THE ALABAMA MEDICAID AGENCY
AND

KNOW ALL MEN BY THESE PRESENTS, that the Alabama Medicaid Agency, an Agency of the State of Alabama, and _____, Contractor, agree as follows:

Contractor shall furnish all labor, equipment, and materials and perform all of the work required under the Request for Proposal (RFP Number _____, dated _____, strictly in accordance with the requirements thereof and Contractor's response thereto.

Contractor shall be compensated for performance under this contract in accordance with the provisions of the RFP and the price provided on the RFP Cover Sheet response, in an amount not to exceed _____.

Contractor and the Alabama Medicaid Agency agree that the initial term of the contract is ____to _____.

This contract specifically incorporates by reference the RFP, any attachments and amendments thereto, and Contractor's response.

CONTRACTOR

_____

Contractor's name here

_____

Date signed

_____

Printed Name

Tax ID: _____

ALABAMA MEDICAID AGENCY
This contract has been reviewed for and is approved as to content.

_____

Stephanie McGee Azar
Commissioner

_____

Date signed

This contract has been reviewed for legal form and complies with all applicable laws, rules, and regulations of the State of Alabama governing these matters.

APPROVED: _____

General Counsel

_____

Governor, State of Alabama

ALABAMA MEDICAID AGENCY
BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum (this "Agreement") is made effective the _____ day of _____, 20____, by and between the Alabama Medicaid Agency ("Covered Entity"), an agency of the State of Alabama, and _____ ("Business Associate") (collectively the "Parties").

2. BACKGROUND

1.1. Covered Entity and Business Associate are parties to a contract entitled _____ _____ (the "Contract"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.

1.2. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Rules (as defined below).

1.3. The Parties enter into this Business Associate Addendum with the intention of complying with the HIPAA Rules allowing a covered entity to disclose protected health information to a business associate, and allowing a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

3. DEFINITIONS

2.1 General Definitions

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Protected Health Information, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

2.2 Specific Definitions

2.2.1 Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 C.F.R. § 160.103

2.2.2 Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 C.F.R. § 160.103.

2.2.3 HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

Business Associate agrees to the following:

3.1 Use or disclose PHI only as permitted or required by this Agreement or as Required by Law.

3.2 Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement. Further, Business Associate will implement administrative, physical and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity as required by Subpart C of 45 C.F.R. Part 164.

3.3 Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

3.4 Report to Covered Entity within five (5) business days any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.

3.5 Ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information in accordance with 45 C.F.R. § 164.502(e)(1)(ii) and § 164.308(b)(2), if applicable.

3.6 Provide Covered Entity with access to PHI within thirty (30) business days of a written request from Covered Entity, in order to allow Covered Entity to meet its requirements under 45 C.F.R. § 164.524, access to PHI maintained by Business Associate in a Designated Record Set.

3.7 Make amendment(s) to PHI maintained by Business Associate in a Designated Record Set that Covered Entity directs or agrees to, pursuant to 45 C.F.R. § 164.526 at the written request of Covered Entity, within thirty (30) calendar days after receiving the request.

3.8 Make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, Covered Entity, available to Covered Entity or to the Secretary within five (5) business days after receipt of written notice or as designated by the Secretary for purposes of determining compliance with the HIPAA Rules.

3.9 Maintain and make available the information required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI as necessary to satisfy the Covered Entity's obligations under 45 C.F.R. § 164.528.

3.10 Provide to the Covered Entity, within thirty (30) days of receipt of a written request from Covered Entity, the information required for Covered Entity to respond to a request by an Individual or an authorized representative for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

3.11 Maintain a comprehensive security program appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities as defined in the Security Rule.

3.12 Notify the Covered Entity within five (5) business days following the discovery of a breach of unsecured PHI on the part of the Contractor or any of its sub-contractors, and

3.12.1 Provide the Covered Entity the following information:

3.12.1(a) The number of recipient records involved in the breach.

3.12.1(b) A description of what happened, including the date of the breach and the date of the discovery of the breach if known.

3.12.1(c) A description of the types of unsecure protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other type information were involved).

3.12.1(d) Any steps the individuals should take to protect themselves from potential harm resulting from the breach.

3.12.1(e) A description of what the Business Associate is doing to investigate the breach, to mitigate harm to individuals and to protect against any further breaches.

3.12.1(f) Contact procedures for individuals to ask questions or learn additional information, which shall include the Business Associate's toll-free number, email address, Web site, or postal address.

3.12.1(g) A proposed media release developed by the Business Associate.

3.12.2 Work with Covered Entity to ensure the necessary notices are provided to the recipient, prominent media outlet, or to report the breach to the Secretary of Health and Human Services (HHS) as required by 45 C.F.R. Part 164, Subpart D.;

3.12.3 Pay the costs of the notification for breaches that occur as a result of any act or failure
to act on the part of any employee, officer, or agent of the Business Associate;

3.12.4 Pay all fines or penalties imposed by HHS under 45 C.F.R. Part 160, "HIPAA Administrative Simplification: Enforcement Rule" for breaches that occur as a result of any act or failure to act on the part of any employee, officer, or agent of the Business Associate.

3.12.5 Co-ordinate with the Covered Entity in determining additional specific actions that will be required of the Business Associate for mitigation of the breach.

4. PERMITTED USES AND DISCLOSURES

Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may

4.1. Use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the Subpart E of 45 C.F.R. Part 164 if done by Covered Entity;

4.2. Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

4.3. Disclose PHI for the proper management and administration of the Business Associate, provided that:

4.3.1 Disclosures are Required By Law; or

4.3.2 Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

4.4 Use PHI to provide data aggregation services to Covered Entity as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

5. REPORTING IMPROPER USE OR DISCLOSURE

The Business Associate shall report to the Covered Entity within five (5) business days from the date the Business Associate becomes aware of:

5.1 Any use or disclosure of PHI not provided for by this agreement
5.2 Any Security Incident and/or breach of unsecured PHI

6. OBLIGATIONS OF COVERED ENTITY

The Covered Entity agrees to the following:

6.1 Notify the Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Alabama Medicaid's use or disclosure of PHI.

6.2 Notify the Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.

6.3 Notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

6.4 Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

6.5 Provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services to which this agreement pertains.

7. TERM AND TERMINATION

7.1 Term. The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.

7.2 Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:

7.2.1 Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

7.2.2 Immediately terminate this Agreement; or

7.2.3 If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.

7.3 Effect of Termination.

7.3.1 Except as provided in paragraph (2) of this section or in the Contract, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

7.3.2 In the event that Business Associate determines that the PHI is needed for its own management and administration or to carry out legal responsibilities, and returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall:

7.3.2(a) Retain only that PHI which is necessary for business associate to continue its proper management and administration or to carry out its legal responsibilities;

7.3.2(b) Return to covered entity or, if agreed to by covered entity, destroy the remaining PHI that the business associate still maintains in any form;

7.3.2(c) Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as

provided for in this Section, for as long as business associate retains the PHI;

7.3.2(d) Not use or disclose the PHI retained by business associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 4, "Permitted Uses and Disclosures" which applied prior to termination; and

7.3.2(e) Return to covered entity or, if agreed to by covered entity, destroy the PHI retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.

7.4 Survival

The obligations of business associate under this Section shall survive the termination of this Agreement.

8. GENERAL TERMS AND CONDITIONS

8.1 This Agreement amends and is part of the Contract.

8.2 Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.

8.3 In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the HIPAA Rules shall prevail. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Rules.

8.4 A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.

8.5 The Parties agree to take such action as is necessary to amend this Agreement from time to time for Covered Entity to comply with the requirements of the HIPAA Rules.

IN WITNESS WHEREOF, Covered Entity and Business Associate have executed this Agreement effective on the date as stated above.

ALABAMA MEDICAID AGENCY

Signature: _____

Printed Name: Clay Gaddis

Title: Privacy Officer

Date: _____

BUSINESS ASSOCIATE

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Contract Review Permanent Legislative Oversight Committee
Alabama State House
Montgomery, Alabama 36130

CONTRACT REVIEW REPORT
(Separate review report required for each contract)

Name of State Agency: Alabama Medicaid Agency

Name of Contractor: _____

_____
Contractor's Physical Street Address (No. P.O. Box) City State

* Is Contractor organized as an Alabama Entity in Alabama? YES_____NO_____
* If not, has it qualified with the Alabama Secretary of State to do business in Alabama? YES_____ NO_____

Is Act 2001-955 Disclosure Form Included with this Contract? YES ___X___ NO _____
Does Contractor have current member of Legislature or family member of Legislator employed? YES_____NO_____
Was a lobbyist/consultant used to secure this contract OR affiliated with this contractor? YES_____NO_____
If Yes, Give Name: _____

Contract Number: _____

Contract/Amendment Total: $ _____ (estimate if necessary)

% of State Funds: _____ % of Federal Funds: _____ % Other Funds: _____

**Please Specify source of Other Funds (Fees, Grants, etc.) _____

Date Contract Effective: _____ Date Contract Ends: _____

Type of Contract: NEW: _____ RENEWAL: _____ AMENDMENT:_____

If renewal, was it originally Bid? Yes _____ No _____

If AMENDMENT, Complete A through C:

(A) Original contract total $ _____

(B) Amended total prior to this amendment $ _____

(C) Amended total after this amendment $ _____

Was Contract secured through Bid Process? Yes ____ No ____ Was lowest Bid accepted? Yes ___ No____
Was Contract secured through RFP Process? Yes ____ No ___ **Date RFP was awarded** _____
Posted to Statewide RFP Database at http://rfp.alabama.gov/Login.aspx YES _____ No_____
If no, please give a brief explanation:

Summary of Contract Services to be Provided: _____

_____

_____

Why Contract Necessary AND why this service cannot be performed by merit employee: _____

_____

_____

I certify that the above information is correct.

_____ _____
Signature of Agency Head Signature of Contractor

_____ _____
Printed Name Printed Name

Agency Contact: Stephanie Lindsay Phone: (334) 242-5833
Revised: 2/20/2013

IMMIGRATION STATUS

I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.

_____
Signature of Contractor

_____
Witness

State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Medicaid Agency

ADDRESS

501 Dexter Avenue, Post Office Box 5624

CITY, STATE, ZIP TELEPHONE NUMBER

Montgomery, Alabama 36103-5624 (334) 242-5833

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

_____

_____

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

_____

_____

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

_____

_____

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

_____

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

_____

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00, is applied for knowingly providing incorrect or misleading information.

_____

Signature Date

_____

Notary's Signature Date Date Notary Expires

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of $5,000.

Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov
Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504

ROBERT BENTLEY
Governor

STEPHANIE MCGEE AZAR
Acting Commissioner

MEMORANDUM

SUBJECT: Reporting to Ethics Commission by Persons Related to Agency Employees

Section 36-25-16(b) Code of Alabama (1975) provides that anyone who enters into a contract with a state agency for the sale of goods or services exceeding $7500 shall report to the State Ethics Commission the names of any adult child, parent, spouse, brother or sister employed by the agency.

Please review your situation for applicability of this statute. The address of the Alabama Ethics Commission is:
100 North Union Street
RSA Union Bldg.
Montgomery, Alabama 36104

A copy of the statute is reproduced below for your information. If you have any questions, please feel free to contact the Agency Office of General Counsel, at 242-5741.

Section 36-25-16. Reports by persons who are related to public officials or public employees and who represent persons before regulatory body or contract with state.

(a) When any citizen of the state or business with which he or she is associated represents for a fee any person before a regulatory body of the executive branch, he or she shall report to the commission the name of any adult child, parent, spouse, brother, or sister who is a public official or a public employee of that regulatory body of the executive branch.
(b) When any citizen of the State or business with which the person is associated enters into a contract for the sale of goods or services to the State of Alabama or any of its agencies or any county or municipality and any of their respective agencies in amounts exceeding seven thousand five hundred dollars ($7500) he or she shall report to the commission the names of any adult child, parent, spouse, brother, or sister who is a public official or public employee of the agency or department with whom the contract is made.
(c) This section shall not apply to any contract for the sale of goods or services awarded through a process of public notice and competitive bidding.
(d) Each regulatory body of the executive branch, or any agency of the State of Alabama shall be responsible for notifying citizens affected by this chapter of the requirements of this section. (Acts 1973, No. 1056, p. 1699, §15; Acts 1975, No. 130, §1; Acts 1995, No. 95-194, p. 269, §1.)

Instructions for Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

(Derived from Appendix B to 45 CFR Part 76--Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions)

1. By signing and submitting this contract, the prospective lower tier participant is providing the certification set out therein.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Alabama Medicaid Agency (the Agency) may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the Agency if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, and voluntarily excluded, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this contract is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this contract that, should the contract be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this contract that it will include this certification clause without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Agency may pursue available remedies, including suspension and/or debarment.

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE Contract/Grant/Incentive (*describe by number or subject):* _____ by and between _____
(Contractor/Grantee) and Alabama Medicaid Agency (State Agency or Department or other Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.
   BUSINESS ENTITY. Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business entity" shall include, but not be limited to the following:
   a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.
   b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

   EMPLOYER. Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

   _____ *(a)* The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

   _____ *(b)* The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20____. _____

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on this _____ day of _____ 20_____.

WITNESS: _____

_____

Appendix C: Key Personnel Resume Sheet

This form must be used to respond to key positions. For each named individual a separate Key Personnel Resume Sheet must be submitted.
Vendor Organization: _____
Key Position: _____

Candidate:
Full Name: Last Name First Name MI
Address Street: City: State: Zip:
☐ U.S. Citizen ☐ Non-U.S. Citizen Visa Status:
Status: ☐ Employee ☐ Self Employed ☐ Subcontractor (Name: _____)
☐ Other:

Education:

Mark highest level completed.	Some HS ☐	HS/GED ☐	Associate ☐	Bachelor ☐	Master ☐	Doctoral ☐

List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do not include copies of transcripts unless requested. Add additional rows if necessary

School Name	Degree/Major	Degree Earned	Year Received

Work Experience:
Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. To add work experience, copy the format below and add additional sheets as needed.

Work Experience #:			
Job Title:			
From	To	Reason for Leaving:	Hours per week
Describe your duties and responsibilities as they relate to the Request for Proposal:			

Professional References:
List 3 Professional References below.

Reference 1		
Name	Title	Organization
Address	Phone ( ) -	E-mail Address

Reference 2		
Name	Title	Organization
Address	Phone ( ) -	E-mail Address

Reference 3		
Name	Title	Organization
Address	Phone ( ) -	E-mail Address

Candidate and Vendor Certification

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Alabama Medicaid Agency may be investigated.

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.

_____ _____

Authorized Vendor Signature Date

Sample Key Personnel Resume Sheet

Vendor Organization: Auburn University Montgomery
Key Position: Technical Team – Communications Manager

Candidate:
Full Name: Jackson Hewlett M
Address Street: 6760 Happy Lane Circle City: Oklahoma State: OK Zip: 54671
☒ U.S. Citizen ☐ Non-U.S. Citizen Visa Status:
Status: ☒ Employee ☐ Self Employed ☐ Subcontractor (Name: __) ☐ Other:

Education:

Mark highest level completed.	Some HS ☐	HS/GED ☐	Associate ☐	Bachelor ☐	Master ☒	Doctoral ☐

List most recent first, all secondary and post-secondary education (high school, GED, colleges, and universities) attended. Do not include copies of transcripts unless requested. Add additional rows if necessary

School Name	Degree/Major	Degree Earned	Year Received
Harvard University	Master Business Administration	Yes	2001
Yale University	Bachelor of Science in Information Technology	Yes	2000
Princeton University	Associate in Data Processing Technology	Yes	1997

Work Experience:
Describe your work experience related specifically to the Request for Proposal to which you are responding. Please list most recent job first. To add work experience, copy the format below and add additional sheets as needed.

Work Experience #: 1			
Job Title: Sr. SQL Administrator			
From 02/2001	To Present	Reason for Leaving:	Hours per week 40
Describe your duties and responsibilities as they relate to the Request for Proposal. Maintain and develop employee database, supply database, clientele databases, and administer programming for these databases, Keep all records up to date in hard copies and soft on a network. Keep general knowledge of network in order to coordinate employee computers. Keep clientele in a secure			

intranet database.

Work Experience #: 2			
Job Title: Software Application Engineer			
From 03/1995	To 01/2001	Reason for Leaving: New Job Opportunity	Hours per week 40

Describe your duties and responsibilities as they relate to the Request for Proposal.
Designs, develops, debugs, modifies, and tests software programs by using current programming languages, methodologies and technologies.

Documents software development and/or test development by writing documents, reports, memos, change requests. Methods used are determined by approved procedures and standards
Tracks software development effort by creating and maintaining records in the approved tracking management tool.
Analyzes, evaluates, and verifies requirements, software and systems by using software engineering practices.

Professional References:
List 3 Professional References below.

Reference 1		
Name Bob Thorton	Title CEO	Organization Bob Thornton Enterprise
Address 3245 Grey Hat Drive	Phone (123) 456 - 7589	E-mail Address bob@greyhat.com

Reference 2		
Name Henry Ford	Title CEO	Organization Humpfrey Corp.
Address 234 Humpfrey St.	Phone (123) 456 - 7589	E-mail Address hford@humpfrey.com

Reference 3		
Name Jack Daniels	Title Software Director	Organization Red Brick Software Services

Address	Phone	E-mail Address
987 Daniels Dr.	(123) 456 - 7589	j@daniels.com

Candidate and Vendor Certification

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that, to the best of their knowledge and belief, all of the information on and attached to this data sheet is true, correct, complete, and made in good faith. The candidate further authorizes the release of all relevant prior employment, military service, academic/school, and criminal records. False or fraudulent information on or attached to this data sheet may be grounds for disqualifying a candidate or firing a candidate once work has begun. Any information provided to Alabama Medicaid Agency may be investigated.

By submitting this data sheet to Alabama Medicaid Agency, the Candidate and Vendor certify that both parties understand the entire scope of requirements for this position as defined in the RFP and the Candidate agrees to be submitted for consideration exclusively by this Vendor. Any candidate that is submitted by more than one Vendor for a line item will be considered disqualified.

Candidate Data Sheets must be signed below by the Vendor.
[SIGNATURE]

_____ _____

Authorized Vendor Signature Date

Appendix D: Key Personnel Letter of Commitment

Name of the Vendor:

Name of the proposed key employee:

Title of key proposed employee:

Date of statement submission:

I, (Insert Proposed Candidate), certify that I wish to participate in the response for Alabama Request for Proposal No. 2019-PMO-01 with (Insert Name of Vendor) for the PMO Services RFP for the Alabama Medicaid Modularity Implementation Project.

I have read and understand the candidate responsibilities identified in the Request for Proposal and that it is for the project duration and realize that this position is contingent based upon award and does not guarantee an offer of employment at any time with the Alabama Medicaid Agency.

I also understand that my role as a (Insert Key Personnel Role) is a significant responsibility and will make it a priority to support (Name of Vendor) to ensure that Alabama Medicaid Agency's Mission, Vision, Values and Goals are met or exceeded. As such, I understand that I will be expected to:

A. Offer my expertise to help ensure the health and success of the projects

B. Contribute significantly to program activities, processes, and financial goals

C. Collaborate and communicate with the Alabama Medicaid Agency

D. Attend leadership meetings and continually and respectfully communicate with everyone associated with the Modularity project to ensure I understand all project requirements

E. Actively participate in all requests for my assistance and response.

I have read and fully agree to this Letter of Commitment and look forward to assisting (Name of Vendor) organization in this role.

Candidate Signature _____ Date _____

Candidate Printed Name _____

Appendix E: Cost Proposal Template

Cost Proposal Template I
Section 1
Enter the price of each deliverable.

Proposer:					
Authorized Signature:	Date:				

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
COM-1—Project Methodology					
COM-2—Detailed Project Initiation and Approach					
COM-3 -- Project Organization and Staffing					
COM-4 – Physical and Data Security Plan					
COM-5 – Document Repository					
COM-6 – Contract Deliverables					
COM-6-A – Responsibility Assignment Matrix (RACI Chart)					
COM-7 – Artifact Development and Approval					
COM-8 – Meeting Protocols Reference Guide					
COM-8-A – Meeting Agenda					
COM-8-B – Meeting Minutes					
COM-9 – Corrective Action Plans					
COM-10 -- Scope Management					
COM-10-A – Project Change Request Plan					
COM-11 -- Communication Management Plan					
COM-12 -- Status Reporting Template					
COM-12-A -- Status Reporting					
COM-12-B -- Consolidated Status Reporting					

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
COM-13 -- CMS					
COM-14 -- MITA					
COM-15 -- Cleanup and Conversion Management Plan					
COM-15-A -- Cleanup and Conversion Management Reporting					
COM-16 -- Post Implementation and Certification Support Plan and templates					
COM-16-A -- Post Implementation and Certification Support					
COM-17 -- Project Close-out Plan					
COM-18 -- End of Contract Turn-over					
COM-20 – Executive Level Dashboard					
REQ-2-a1 -- Define Requirements Detailed Approach to Requirements Gathering					
REQ-2-a2-- Define Requirements Schedule for Work Groups					
REQ-2- a3-- Define Requirements Templates					
REQ-2- b -- Define Business Process Management Detailed Approach to Business Process Management (BPM)					
REQ-2- c -- Define Business Process Management Requirements Management Plan					
REQ-2- d – Executive Level Dashboard Design and Maintenance of Executive Level Dashboard					

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
General/System-wide • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Provider • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Recipient/Member • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Reference • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Prior Authorization • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
Claims • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Financial • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Third Party Liability • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Drug Utilization Review • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Drug Rebate • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
Long Term Care • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Managed Care • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Medical Services • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Early and Preventative Screening, Diagnostic and Treatment (EPSDT) • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Management and Administrative Reporting • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
Surveillance and Utilization Review • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Decision and Support System • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Recipient Accounts Receivable • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
Electronic Visit Verification Monitoring • Requirements AS-IS and TO-BE • Gap Analysis • Requirements Roadmap • RTM • BPM AS-IS and TO-BE • BPM Gap Analysis • Requirements Roadmap					
EA-a—Detailed Approach To MITA Enterprise Architecture					
EA-b--MITA Enterprise Architecture Governance					
EA-c---MITA Enterprise Architecture Governance Meetings					
EA-d-a--MITA Approach To MITA Technical Architecture					

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
EA-d-b--MITA Technical Management Strategy					
EA-d-c--MITA Business Services					
EA-d-d--MITA Technical Services					
EA-d-e--MITA Application Architecture					
EA-d-f--MITA Technology Standards					
EA-d-g--MITA Technical Capability Matrix					
EA-e-a--Approach To MITA Information Architecture					
EA-e-b--MITA Data Management Strategy					
EA-e-c--MITA Conceptual Data Model (CDM)					
EA-e-d--MITA Logical Data Model					
EA-e-e--MITA Data Standards					
EA-e-f--MITA Information Capability Matrix					
EA-f—MMIS Concept Of Operations					
EA-f—MMIS and MITA Concept Of Operations					
EA-g--Advance Planning Documents (APDs)					
EA-h--Request for Proposal (RPFs) or Request for Bid (RFBs)					
EA-i--Executive Level Dashboard					
EA-j--Technical Requirements					
EA-k -- Vendor Technical Artifact Templates					
EA-l1--Enterprise Security Architecture, Standards, Policies and Procedures					
EA-l2--Enterprise Security Report Card					
EA-l3--Enterprise Security Monitoring					
EA-l4--Enterprise Security Tool Requirements					
EA-l5--Enterprise Security Assessment					

Deliverables	Cost Year 1	Cost Year 2	Cost Year 3	Cost Option Year 1	Cost Option Year 2
EA-l6--Enterprise Interface Security Requirement					
EA-M1—Privacy Impact Assessment (PIA)					
EA-n- Enterprise Architecture Detailed Project Schedule					
OCM-2-a – Organizational Change Management Approach					
OCM-2-b -- OCM Kick Off Meetings					
OCM-2-c1 -- OCM Strategic Plan					
OCM-2-c2 -- OCM Templates					
OCM-2-d1—OCM Communication Plan					
OCM-2-d2—OCM Communication Matrix					
OCM-2- e1—OCM Training Plan					
OCM-2- e2—OCM Training Matrix					
OCM-2- f1 – OCM Implementation or Cohort Specific Plan					
OCM-2- f2 – OCM Implementation or Cohort check-list					
OCM-2- g1 – OCM Implementation or Cohort Tracking Matrix					
OCM-2- g2 – OCM Master Tracking Matrix					
OCM-2- h – OCM Project Schedule					
OCM-2- i – OCM Executive Level Dashboard					
OCM-2- J – OCM Reviews and Meetings					
Total Firm and Fixed Price					
Total Pass-through Cost	$2,000,000.00	$1,500,000.00	$500,000.00	$500,000.00	$500,000.00

GRAND TOTAL FIRM AND FIXED PRICE INCLUDING PASS-THROUGH	

Cost Proposal Template II
Section 2

Pass-Through Expenses are determined by Medicaid. The Vendor is not allowed to change the cost. The Total Contract Price includes the Total Pass-Through Price from Cost Proposal Template II.

Pass-through Expenses			
The prices on this table are determined by Medicaid and the PMO Vendor is not allowed to change the cost.			
Year	Item	Price	
	Total Pass-through Amount	**$**	**5,000,000.00**
1	Year 1 Estimated Pass-through Expense	$	2,000,000.00
2	Year 2 Estimated Pass-through Expense	$	1,500,000.00
3	Year 3 Estimated Pass-through Expense	$	500,000.00
4	Year 4 Estimated Pass-through Expense	$	500,000.00
5	Year 5 Estimated Pass-through Expense	$	500,000.00

Cost Proposal Template III
Section 3

Enter the rates for ALL proposed staff utilized to perform the deliverables above- one hourly rate for each job title. These rates shall be used in project impact assessments that are submitted when the Agency requests a Project Change Request. Contract amendments will be based on these rates.

Staff Hourly Rates
Complete this section for ALL proposed staff – one hourly rate for each job title

Job Title	Year 1	Year 2	Year 3	Year 4	Year 5
Lead Business Analyst *Key Personnel	$	$	$	$	$
Business Analyst	$	$	$	$	$
Technical Writer	$	$	$	$	$
Program Manager *Key Personnel	$	$	$	$	$
Project Manager	$	$	$	$	$
Project Issue and Risk Manager *Key Personnel ***This position shall be independent from all other areas of the contract and may not be combined with another position on the contract.***	$	$	$	$	$
Quality Assurance/Quality Control Manager *Key Personnel ***This position shall be independent from all other areas of the contract and may not be combined with another position on the contract.***	$	$	$	$	$
Project Analyst *Key Personnel	$	$	$	$	$
Technical Project Manager *Key Personnel	$	$	$	$	$
Senior Enterprise Architect *Key Personnel	$	$	$	$	$
Enterprise Architect	$	$	$	$	$
Enterprise Architect Analyst	$	$	$	$	$
OCM Lead *Key Personnel	$	$	$	$	$
OCM Communication and Training Lead	$	$	$	$	$
OCM Analyst	$	$	$	$	$

Job Title	Year 1	Year 2	Year 3	Year 4	Year 5
Add rows for all other proposed staff categories					

Appendix F: Requirements and Standards

The PMO Vendor for the project must ensure that the AMMI project meets all applicable State and Federal requirements and standards, including, but not limited to those listed in this appendix.

A. Uphold Software and Ownership Rights

45 CFR Part 95.617 - Software and Ownership Rights

§ 95.617 - Software and ownership rights.

(a) General. The State or local government must include a clause in all procurement instruments that provides that the State or local government will have all ownership rights in software or modifications thereof and associated documentation designed, developed or installed with Federal financial participation under this subpart.

(b) Federal license. The Department reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, such software, modifications, and documentation.

(c) Proprietary software. Proprietary operating/vendor software packages which are provided at established catalog or market prices and sold or leased to the general public shall not be subject to the ownership provisions in paragraphs (a) and (b) of this section. FFP is not available for proprietary applications software developed specifically for the public assistance programs covered under this subpart.

[51 FR 45326, Dec. 18, 1986, as amended at 75 FR 66340, Oct. 28, 2010]

Also see CFR 433.112 (b)(5) and (6) for additional applicable Federal requirements pertaining to ownership rights of the State.

B. CMS MMIS Certification Toolkit

https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html

C. Alignment with Seven Conditions and Standards

§433.112 FFP for design, development, installation or enhancement of mechanized processing and information retrieval systems.

(a) Subject to paragraph (c) of this section, FFP is available at the 90 percent rate in State expenditures for the design, development, installation, or enhancement of a mechanized claims processing and information retrieval system only if the APD is approved by CMS prior to the State's expenditure of funds for these purposes.

(b) CMS will approve the E&E or claims system described in an APD if certain conditions are met. The conditions that a system must meet are:

(1) CMS determines the system is likely to provide more efficient, economical, and effective administration of the State plan.

(2) The system meets the system requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual, as periodically amended.

(3) The system is compatible with the claims processing and information retrieval systems used in the administration of Medicare for prompt eligibility verification and for processing claims for persons eligible for both programs.

(4) The system supports the data requirements of quality improvement organizations established under Part B of title XI of the Act.

(5) The State owns any software that is designed, developed, installed or improved with 90 percent FFP.

(6) The Department has a royalty free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use, for Federal Government purposes, software, modifications to software, and documentation that is designed, developed, installed or enhanced with 90 percent FFP.

(7) The costs of the system are determined in accordance with 45 CFR 75, subpart E.

(8) The Medicaid agency agrees in writing to use the system for the period of time specified in the advance planning document approved by CMS or for any shorter period of time that CMS determines justifies the Federal funds invested.

(9) The agency agrees in writing that the information in the system will be safeguarded in accordance with subpart F, part 431 of this subchapter.

(10) Use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming, available in both human and machine readable formats.

(11) Align to, and advance increasingly, in MITA maturity for business, architecture, and data.

(12) The agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: The HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and

compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.

(13) Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.

(14) Support accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.

(15) Produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.

(16) The system supports seamless coordination and integration with the Marketplace, the Federal Data Services Hub, and allows interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services as applicable.

(17) For E&E systems, the State must have delivered acceptable MAGI-based system functionality, demonstrated by performance testing and results based on critical success factors, with limited mitigations and workarounds.

(18) The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality.

(19) The agency, in writing through the APD, must identify key state personnel by name, type and time commitment assigned to each project.

(20) Systems and modules developed, installed or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.

(21) For software systems and modules developed, installed or improved with 90 percent match, the State must consider strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.

(22) Other conditions for compliance with existing statutory and regulatory requirements, issued through formal guidance procedures, determined by the Secretary to be necessary to update and ensure proper implementation of those existing requirements.

(c)(1) FFP is available at 90 percent of a State's expenditures for the design, development, installation or enhancement of an E&E system that meets the requirements of this subpart and only for costs incurred for goods and services provided on or after April 19, 2011.

(2) Design, development, installation, or enhancement costs include costs for initial licensing of commercial off the shelf (COTS) software, and the minimum necessary costs to analyze the suitability of COTS software, install, configure and integrate the COTS software, and modify non-COTS software to ensure coordination of operations. The nature and extent of such costs must be expressly described in the approved APD.

[43 FR 45201, Sept. 29, 1978, as amended at 44 FR 17937, Mar. 23, 1979; 45 FR 14213, Mar. 5, 1980; 50 FR 30846, July 30, 1985; 51 FR 45330, Dec. 18, 1986; 54 FR 41973, Oct. 13, 1989; 55 FR 1820, Jan. 19, 1990; 55 FR 4375, Feb. 7, 1990; 76 FR 21973, Apr. 19, 2011; 80 FR 75842, Dec. 4, 2015; 81 FR 3011, Jan. 20, 2016]

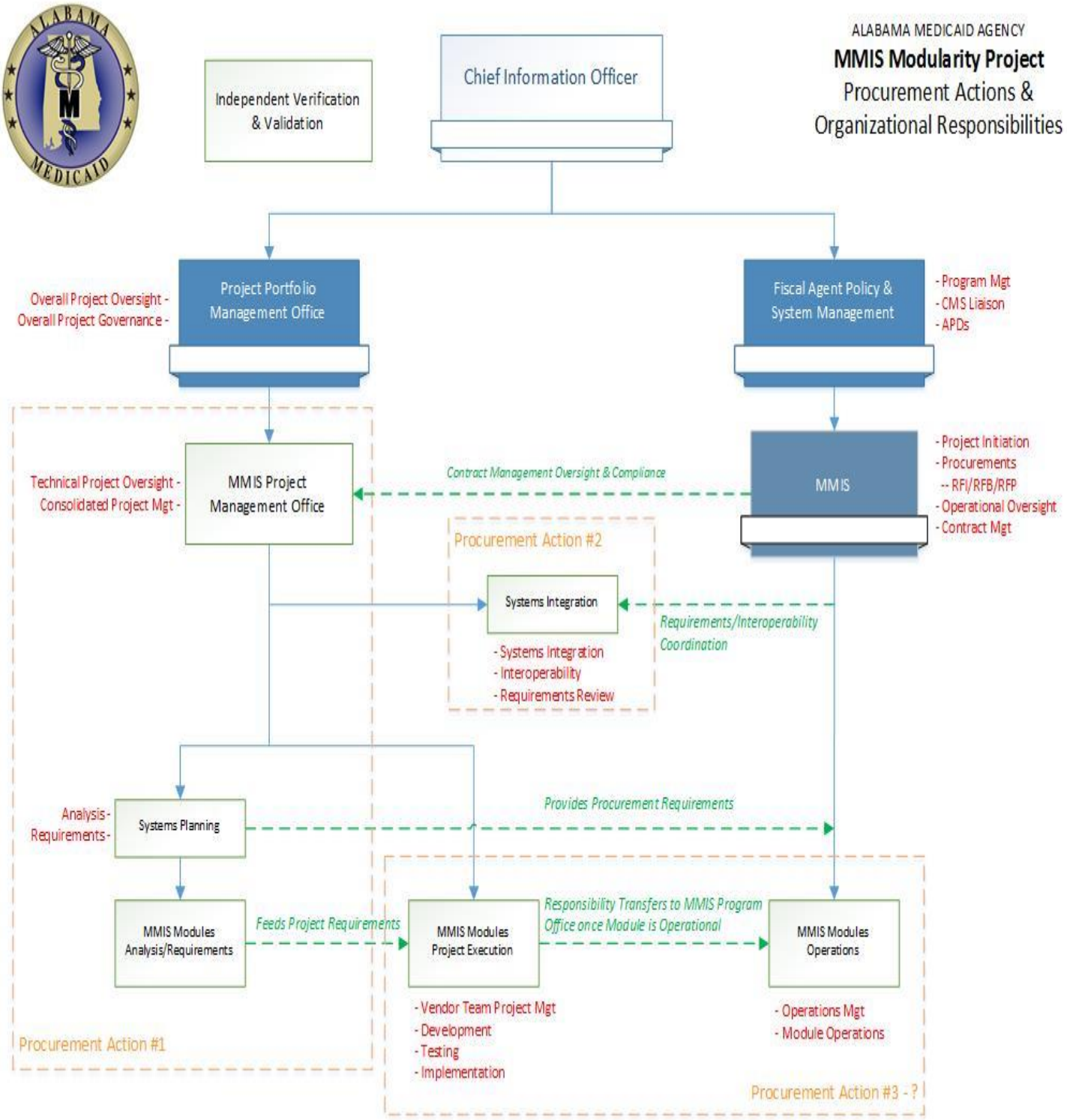
D. Support Alabama State Self-Assessment

The AL MMIS must be aligned with and support State Medicaid goals, functions and business practices as outlined in the 2016 AL MITA 3.0 State Self-Assessment.

E. Security

The AL MMIS must meet all applicable State and Federal standards and requirements for security.

Appendix G: PMO – MMIS Modularity



Appendix H: Sample MMIS Requirements

The following pages contain samples for each functional area of the Alabama MMIS. The MMIS has not transitioned to the MITA business processes. The Agency has requirements for the following functional areas:

Req #	General Requirements
GEN.001	Hours of Operations - The Vendor shall ensure that on-line access to the MMIS and all its applications is available to the Agency and the interface agencies from at least 7:00 AM through 7:00 PM, Monday through Friday.
GEN.002	ECM (Electronic Claims Management) shall be available at least twenty-one (21) hours per day from 5:00 AM until 2:00 AM seven (7) days a week, three hundred sixty-five (365) days a year. The ECM includes all HIPAA electronic transactions and all AVRS (Automated Voice Response System) transactions.
GEN.003	All MMIS fields unless specifically identified by the Agency shall maintain audit trails of all changes to data. All updates to MMIS data and all rejected update transactions must be reported to the Agency. The Alabama MMIS shall maintain and provide an automated history (audit trail) of all update transactions, both batch and on-line, including: • Date and time of change, • Before and After status, • Before and After data field contents as displayed on the screen or report, • Operator identifier or source of the update, and • User ID.
GEN.004	The MMIS shall maintain audit trails to show the edit/audit errors applied to each claim and claim-related transaction (e.g., when a claim pended and then resolved).
GEN.005	The Vendor shall override edits/audits only on prior written approval from the Agency
GEN.006	All MMIS data shall be available to the state or federal government upon request. In addition to the files that are regularly scheduled to be delivered to the Agency, the Vendor shall provide a copy of any other file, along with documentation of its format, within ten (10) days of a written request from the Agency. Each Agency request shall identify the files and the version, sequence, media, and number of copies. The Vendor shall receive no additional compensation for production and delivery of such files.
GEN.007	The MMIS shall allow forward/backward movement in multiple screen displays. All search result screens must provide the capability to view the details associated with any specific search results and to return from the search results detail back to the original search results screen
GEN.008	On-line help shall be available, and descriptive error messages shall be provided for all on-line errors. Help and error messages should be context-sensitive to the extent possible. Each panel and field displayed on the panel shall have meaningful help descriptions accessible on-line real-time from the panel or field as approved by the Agency. The help message shall not be a repeat of the field name, such as the amount field is used to enter an amount
GEN.009	The system shall provide connection, through the State WAN gateway to the MMIS, for at least three hundred (300) Agency staff at the same time, without any degradation in performance.

Req #	General Requirements
GEN.010	The Vendor shall provide access to the MMIS by remote users, including providers, insurance carriers, pharmacies, etc., through a variety of communications channels and protocols in order to support client eligibility verification, electronic claims capture, point-of-service-prospective DUR, and claim adjudication. The Vendor shall provide for access through a variety of access mechanisms, including, but not limited to: Lease lines (if appropriate and required) and Internet access.
GEN.011	The MMIS shall store and generate "zip + 4" codes to be used on all mailings. The system shall also provide a capability to print postal service bar codes for addresses. The Vendor shall provide a USPS-approved software package to streamline mailings. The Vendor shall use any software or processes necessary for the Agency to receive the lowest mailing rate possible. The package shall include the following features: • Corrects misspellings in city and street name, • Standardizes address elements to USPS specifications (i.e., NE, AVE, LANE, etc.) Verifies/corrects/adds zip code, zip + 4 code, and carrier route code, • Removes embedded spaces and rearranges street address, city, state, and zip information into the standard USPS format, • Generates Postal Service Form 3553 (CASS) which must accompany every mailing submitted at an automation-based rate and verifies that the mailing meets USPS requirements, • Generate a report of records that the product could not code to allow the vendor to manually correct the address, • Prints a bar code on any address (label, notice, letter, or warrant) to be used for mailing, • Mail bundling and any processes that reduce mail cost shall be used, • Maintain current US Postal standards.
GEN.012	The MMIS and related processes shall accommodate century date processing. The system shall also accommodate leap year processing. Leap year processing must be handled in such a way as to eliminate the potential for problems such as double posting of transactions, abends of transactions or transactions disappearing.

Req #	Provider Requirements
PROV.001	The Vendor shall maintain on-line, real-time the provider enrollment status with associated date spans. The enrollment codes must include but are not limited to the following: • Active/Inactive Provider, • Deceased Provider, - Decertified, • Fraud and Abuse Provider, • Group, • Provider Number Bad Address, • Provider Number Cancelled, • Provider Purge/Deactivate, • Crossover Only, and - Credit Balance.
PROV.002	The Vendor shall maintain on-line, real-time all data elements currently required by the Agency for enrolled providers; including both active and inactive providers, on the Provider Master File (PMF). The PMF must include but is not limited to the following examples: • Provider IDs (NPI, Medicaid number, Base ID), • Provider name, • Provider Addresses (All to include city, county, state, 9-digit zip code, service location, pay to, mail to and home office), • Provider telephone/fax number, • Provider type, - Provider effective date, • Provider end date, • Tax ID, • SSN, • Medicare number, • Provider specialty, • Enrollment status, • Enrollment status effective and end date, • License number, • Sanctioned indicator, and • Managed care indicator.
PROV.003	The Vendor shall maintain on-line, real-time the Agency approved three (3)-digit provider specialty codes and two (2)-digit provider type codes.
PROV.004	The Vendor shall maintain on -line, real-time effective dates and end dates for: • Provider contracts, • Provider group membership, • Enrollment status, • Electronic media claims (EMC) billing data, • Restriction and on-review data, • Claim types, • Billing categories of service, • Certification(s), including Clinical Laboratory Improvement Amendments (CLIA) Identification numbers, • Specialty, and • Other user-specified provider status codes and indicators.
PROV.005	The Vendor shall accept on-line, real-time updates of review or restriction indicators and dates on a provider's record to assist the Agency in monitoring a provider's medical practice.
PROV.006	The Vendor shall maintain on-line, real-time multiple provider contracts for a single provider.

Req #	Provider Requirements
PROV.007	The Vendor shall maintain on-line, real-time providers' Drug Enforcement Agency (DEA) numbers.
PROV.008	The Vendor shall identify on-line, real-time out-of-state providers with an indicator on the provider file.
PROV.009	The Vendor shall identify on-line real-time and cross-reference multiple practice locations and practice types for a single provider.
PROV.010	The Vendor shall maintain on-line, real-time for a provider, multiple names, addresses, and telephone numbers, including but not limited to: • Pay-to, • Legal name, • Mail-to (remittances, bulletins, etc.), • Physical Address (4 lines), • Service location(s), • DBA name and address, • Telephone number/FAX number, • Degree, • Professional Titles, and • Home Office.

Req #	Recipient Requirements
REC.001	The Vendor shall maintain recipient data as a part of the AMMIS including eligibility timeframes for full and limited eligibility benefit plans groups. The Vendor shall receive nightly, monthly, annually and other periodic updates to recipient information from the Agency. The data must be applied to the Vendor's recipient data by 6:00 AM the morning after the transmittal. There shall be control and reconciliation reports that are approved by the Agency and monitored by the Vendor. The Vendor shall notify the Agency of any errors that occur. The Updates shall include but not be limited to: • Plastic card requests, • patient liability data, • retroactive eligibility data and • County moves data.
REC.002	The Vendor shall link nursing home provider information to the recipient so that changes to the name and address on the nursing home provider file are updated in the recipient's information.
REC.003	The Vendor shall perform automated processes related to recipient participation in managed care, including but not limited to auto assignment, maintenance of capitation payments, roster generation, and data updates.
REC.004	The Vendor shall provide an interactive interface or electronic media transfer of transactions with the managed care health plans of specified recipient data such as managed care health plan enrollment. Vendor shall provide data in HIPAA-compliant Benefit Enrollment and Maintenance Transactions (834 transactions) as managed care plans' request.
REC.005	The Vendor shall provide an interactive interface or electronic media transfer that allows the primary medical provider to view or download the updates of primary medical provider assignments and capitation payment information.
REC.006	The Vendor shall maintain all data elements necessary to support the generation of health plan rosters, capitation payment processing, and other managed care functions.
REC.007	The Vendor shall maintain at least sixty (60) days of recipient data transmissions received from the Agency in case of system problems.
REC.008	The Vendor shall maintain a database of current recipient eligibility data, including TPL and Managed Care with daily updates of recipient data from the Agency. This information shall be used for FFS and encounter claims processing to ensure that the most current recipient data is used for correct payment.
REC.009	The Vendor shall generate and deliver to Medicaid or store all recipient reports identified on the Alabama MMIS Reports Listing located in the Procurement Library.
REC.010	The Vendor shall provide capability for meeting ANSI ASC X12 (HIPAA) 5010 electronic data interchange transaction sets for eligibility transactions and plan enrollments as they become available.
REC.011	The Vendor shall maintain a database of current recipient eligibility data, including TPL and Managed Care with daily updates of recipient data from the Agency, to support provider inquiry and billing (e.g., automated voice response, dial-up eligibility verification inquiries, electronic transactions, web, or point of service inquiries.

Req #	Reference Requirements
REF.001	The Vendor shall provide on-line real-time updates to all drug information relating to pharmacy program policy and pricing.
REF.002	The Vendor shall maintain all data warehouse vendor fields related to drug pricing and drug information on the weekly file updates no later than Sunday with report delivery to the Agency the next business day.
REF.003	The Vendor shall perform ad-hoc Reference file/database updates upon receipt of an OPR (Operations Request) from the Agency within three (3) days unless otherwise directed by the Agency.
REF.004	The Vendor shall develop, maintain, and distribute Reference file/database update reports (electronic and paper versions) the next business day.
REF.005	The Vendor shall review all reference file updates to ensure the integrity of data before the updates are applied for on-line and batch processes. This includes but is not limited to the prevention of adding overlapping dates, invalid dates, invalid codes, invalid benefit plan combinations, etc.
REF.006	The Vendor shall validate and suggest, for Agency approval, prepayment and medical review criteria within one (1) day of validation.
REF.007	The Vendor shall maintain trauma and accident indicators for identified procedures and diagnoses on-line real-time.
REF.008	The Vendor shall establish relationships between provider type and each procedure or service for which they are authorized to bill and be paid. This Information shall be available on-line real-time.
REF.009	The Vendor shall provide on-line real-time search capability to identify all procedure codes within a Provider Contract.
REF.010	The Vendor shall update and process retroactive rate changes as they relate to providers or procedures and reprocess claims in history within two (2) checkwrites.
REF.011	The Vendor shall update and process retroactive rate changes for Nursing Homes.
REF.012	The Vendor shall update and process Medicaid policy changes as they relate to medical procedures and limitations when submitted by the Agency. The Vendor shall provide test results for approval prior to implementation as directed by the Agency.

Req #	Prior Authorization Requirements
PA.001	The Vendor shall support automated distribution of PA requests to appropriate Medicaid staff and its agents.
PA.002	The Vendor shall process and assign a unique reference number to all PAs received from Providers, Agency staff or Agency contractors within two (2) days of receipt. Pharmacy electronic PA requests must be accepted online, real-time.
PA.003	The Vendor shall respond to telephone inquiries, written inquiries and questions from providers and recipients regarding prior-authorized services within two (2) days of inquiry.
PA.004	The Vendor shall auto-assign unique prior authorization control numbers to prior authorization items/services at time of entry into the system.
PA.005	The Vendor shall create and distribute PA forms, in electronic and paper formats, to providers at no charge.
PA.006	The Vendor shall maintain and update PA files/database tables to support all prior-authorized services.
PA.007	The Vendor shall research PA or certification issues or problems identified by the system and/or operational staff; obtain documentation, determine impact, present findings to system support area; and perform further reviews once the issue/problem is fixed. The Vendor shall provide analysis and estimated date of correction within three (3) days of notification of any issues or defects.
PA.008	The Vendor shall edit prior authorization requests entered into the MMIS, including verification of the eligibility of the recipient and provider for the PA request being made, including Medicare and other TPL coverage and HMO enrollment, as well as all field verifications and inter-field relationships (i.e., approved status but presence of a denial reason code).
PA.009	The Vendor shall designate a Targeted Case Management (TCM) Prior Authorization Coordinator who shall be responsible for issuing prior authorization numbers to providers for Targeted Case Management for Disabled Children. Based on a telephonic request (a separate phone line is not required) from the provider, the coordinator shall review the Prior Authorization File to determine if the child is already receiving services. If not, the coordinator shall assign a prior authorization number and load it to the file within two (2) days of the request. The Vendor shall produce a follow-up letter and a report the next day following each update. If the child already has a prior authorization number, the Vendor shall instruct the provider to contact Medicaid's LTC- Program Management Unit.
PA.010	The Vendor shall automatically generate and mail letters to notify recipients of approvals and duration, denials or modifications of the PA request per Agency defined criteria and provide information regarding recipient appeal rights within time frame specified by Agency.

Req #	Claims Requirements
CLM.001	Electronic Verification System and Claim Management: The Vendor shall maintain an Electronic Verification System (EVS) that shall consist of two (2) components: • An automated voice response system (AVRS) accessible through touch-tone phone, and • An electronic media claims management (EMC) system accessible through PC/modem connection or point-of-sale (POS) devices.
CLM.002	The Vendor shall maintain a Help Desk to assist providers and network vendors with EVS and EMC access and other technical problems. The Vendor shall employ one (1) full-time EMC coordinator and adequate staff to answer a minimum of three (3) lines to provide training; and assist providers in the submission of claims and in the resolution of claims processing problems. A toll-free telephone line, with voice mail capability, shall be provided for accessing the Help Desk that shall be available as stated below, including holidays. (Note, on Thanksgiving and Christmas, service may be provided via on-call pager service from 9:00 a.m. to 5:00 p.m. and on Christmas Eve, on-site staff may leave at 5:00 p.m. and provide service through an on-call pager service from 5:00 p.m. to 10:00 p.m.) The Vendor's on-site staff shall be available from 7:00 a.m. to 8:00 p.m. and on-call through a pager service from 8:00 p.m. to 12:00 a.m. Monday through Friday. On-site staff shall be available from 9:00 a.m. to 5:00 p.m. Saturday and on-call through a pager service from 5:00 p.m. to 10:30 p.m. Saturday and 12:00 p.m. to 5:00 p.m. Sunday.
CLM.003	The Vendor shall provide to providers for all recipients through the Automated Voice Response System (AVRS): • Information on eligibility, • Household inquiry by Payee, • Managed care, • Prior Authorization information, • TPL information to include multiple insurance coverage if applicable, • Medicare coverage, • Benefit limitations, and • Claims status. The Vendor shall provide through AVRS: • Procedure code pricing, • NDC Pricing, • Certain limitations, and • Provider checkwrite information. The Vendor shall provide fax service on the above information when requested by the provider.
CLM.004	The Vendor shall provide an Agency approved electronic verification and claims management system equivalent to the existing Provider Electronic Solutions Software (PES). The Vendor shall provide free of charge PC-based Windows compatible software, including future updates, and installation support to providers for PC interface with the OLTP (toll-free line). The Vendor shall make available the software updates on the Medicaid WEB Site for downloading by providers.
CLM.005	The Vendor shall provide the capability to notify providers through voice response that the AVRS system is not available. The notification for AVRS must be accomplished in a way that does not require the user to enter a transaction before being notified of the down status. The Vendor shall provide dial-up messaging that notifies the caller that the system is temporarily down and provides instructions on caller action options.
CLM.006	The Vendor shall ensure that data used for AVRS, EMC and the Web Portal is the same.

Req #	Claims Requirements
CLM.007	The Vendor shall maintain an AVRS weekly log of: • All telephone and electronic inquiries, • Pricing inquiries, coverage limitations as identified by the Agency, and • Provider checkwrite information.
CLM.008	The Vendor shall provide an automatic connection to a provider representative at the end of AVRS script for telephone inquiries during normal business hours, with messaging capability for other hours of the day
CLM.009	The Vendor shall verify that the caller is an authorized provider or other authorized user, and allow access to data by Medicaid recipient ID or SSN with date of birth.
CLM.010	The Vendor shall provide availability to the telephone AVRS system and EMC eligibility inquiries twenty-one (21) hours per day (downtime limited for routine maintenance to the hours of 2:00 a.m. to 5:00 a.m. daily) seven (7) days per week utilizing at a minimum thirty-two (32) toll-free telephone lines. (Both systems must not be down at the same time.)

Req #	Financial Requirements
FIN.001	The Vendor shall process and generate incentive payments to primary care providers, upon request within ten (10) days or in the next check write.
FIN.002	The Vendor shall update the claims history file/database with the check number, financial cycle date, and amount paid information by the first day following each financial cycle.
FIN.003	The Vendor shall prevent processing of checks and EFTs for those test transactions processed through the Integrated Test Facility.
FIN.004	The Vendor shall perform all internal balancing activities to ensure accurate disbursement of payments.
FIN.005	The Vendor shall provide on-line real-time access to claims and financial information.
FIN.006	The Vendor shall provide on-line user manual to instruct Agency staff on accessing claims and financial information. The Vendor shall maintain the on-line user manual to reflect current system functions. The Vendor shall provide hands-on user training for a maximum of twenty-four (24) Agency staff monthly or as requested by the Agency.
FIN.007	The Vendor shall provide on-line and in a document repository payment data from the provider claims, adjustments, accounts receivable, and transaction processing activities to the Agency. Provide access to payment data within one (1) day of the checkwrite.
FIN.008	The Vendor shall support all claims reporting functions, files, and data elements necessary to meet the requirements of this RFB.
FIN.009	The Vendor shall provide systematic update capabilities to claims and financial history.
FIN.010	The Vendor shall utilize EFT to deposit payments to provider accounts.

Req #	Third Party Liability Requirements
TPL.001	The Vendor shall edit paid claims using Agency-defined criteria to identify potential trauma cases.
TPL.002	The Vendor shall accumulate paid claims as applicable to threshold amounts, claim type and time period as designated by the Agency in order to generate Accident questionnaires from claims history data.
TPL.003	The Vendor shall produce reports, in accordance with Agency-specified criteria, within three (3) days of completing the month-end cycle to identify paid trauma claims and no active trauma case.
TPL.004	The Vendor shall generate and mail accident questionnaires weekly, to recipients as a result of trauma claim editing. The questionnaires shall be bar coded for tracking purposes.
TPL.005	The Vendor shall provide on-line real-time search and update capability to a recovery case tracking system for designated Agency and Contractor staff. The search capability shall allow staff to search by: • Case number, • Current ID, • Recipient Last Name, • Recipient First Name, • Recipient SSN, • Recipient DOB, and • Case Type.
TPL.006	The Vendor shall maintain the capability for Agency staff to create recipient and case specific Trauma/Estate (T/E) cases on-line real-time.
TPL.007	The Vendor shall maintain the capability to load T/E cases to the system received from the TPL Contractor within twenty-four (24) hours of receiving a file from the Contractor.
TPL.008	The Vendor shall maintain the capability for Agency staff to request hard copy recipient profiles on-line real-time using date parameters or report request indicator on T/E cases.
TPL.009	The Vendor shall produce and deliver to Agency staff hard copy recipient-history profiles for T/E cases within twenty-four (24) hours of request.
TPL.010	The Vendor shall maintain/update on-line real-time T/E case files as directed by the Agency.

Req #	Drug Utilization Review Requirements
DUR.001	The Vendor shall maintain the capability to establish drug-disease history profiles. Profiles shall be defined by the Agency.
DUR.002	The Vendor shall provide assistance to both providers and Agency staff with Pro-DUR training, as specified by the Agency. Training sessions shall be scheduled and conducted to teach Agency staff, State-designated organizations and active providers about the DUR program. This may be accomplished through any Agency approved means including provider workshops at State approved locations, the provider manual and provider newsletters. Active Providers may request training when necessary.
DUR.003	The Vendor shall implement additional Pro-DUR modules within five (5) days of Agency request. Examples include duration of therapy, drug to pregnancy contra-indication, drug allergy, age precautions and low dose. These modules shall be supported by commercially available database and drug information.
DUR.004	The Vendor shall provide a Help Desk to assist providers with technical problems associated with the use of Pro-DUR alerts. The Help Desk shall assist providers and network vendors with ECM access and answer claims processing questions concerning prospective DUR edits, state Maximum Allowable Cost (MAC), prior authorization and the Preferred Drug Program.
DUR.005	The Vendor shall provide Pro-DUR criteria or criteria enhancements information and data, as required, to the Alabama DUR Board or to Alabama Medicaid, or other designated agent within five (5) days of request.
DUR.006	The Vendor shall produce all Agency approved drug utilization reports currently produced and listed in the Alabama MMIS Reports Listing located in the Procurement Library.
DUR.007	The Vendor shall interface with the Retro-DUR Contractor to provide extract files which provide data from areas such as but not limited to, provider, reference, claims, recipient, and financial. Extract files shall be provided according to the Agency-approved schedule which specifies a weekly or bi-weekly basis.
DUR.008	The Vendor shall provide Pro-DUR updates to the Agency within five (5) days after updates are received from the external drug data warehouse contractor. The Vendor shall ensure that all alert statuses can be set to a default value as directed by the Agency. For example a GCN sequence number listed within the overuse precaution edit is set as active while other alert statuses are inactive. Currently updates are received on a monthly basis.
DUR.009	The Vendor shall provide and maintain on-line real-time access and search capabilities to claims history, recipient data, provider data, reference data, submitted claim information and prescription data from providers for Pro-DUR.
DUR.010	The Vendor shall perform, using the hardware and software capabilities of the Point of Service/Electronic Claims Submissions system, prospective drug utilization review to identify problems with inappropriate drug use or dispensing at the time of dispensing.

Req #	Drug Rebate Requirements
DR.001	The Vendor shall provide the capability to process and track supplemental program drug rebates the same as the federal program but use rebate per unit amounts calculated and provided by the Agency rather than the amounts provided by CMS. These updates shall occur at the same time as the CMS Quarterly update file is processed.
DR.002	The Vendor shall update a drug manufacturer data set with data from the CMS Quarterly update file within twenty-four (24) hours of receipt.
DR.003	The Vendor shall update all effective date spans on the drug manufacturer records as required by CMS within twenty-four (24) hours of receipt of the CMS Quarterly update file. The Vendor shall make this data available for on-line and real-time access.
DR.004	The Vendor shall maintain on-line real-time access to all quarters of drug rebate/invoice information to accommodate prior period adjustment processing as required by CMS.
DR.005	The Vendor shall maintain and provide accommodations for housing of all correspondence from manufacturers and make available all drug rebate files requested by the Agency within five (5) days of the request.
DR.006	Agency approval is required on the format of all outgoing correspondence prior to being sent.
DR.007	The Vendor shall maintain and supply a list of all types of outgoing correspondence prior to implementation.
DR.008	The Vendor shall notify the Agency of receipt of all CMS rebate-related information within two (2) days of receipt.
DR.009	The Vendor shall utilize the quarterly file from CMS to update the drug rebate information prior to generating quarterly invoices.
DR.010	The Vendor shall produce a report of all NDC's added as a result of the update by the 5th day of the month following quarter end as part of the update process.

Req #	Long Term Care Requirements
LTC.001	The Vendor shall be responsible for the maintenance and support of the LTC Admission Notification Software and shall distribute to providers at no charge.
LTC.002	Generate annual CMS-372 Lag report for each HCBS waiver program. The reports are to be produced the first day of the 16th month after the end of the waiver year. The Elderly and Disabled (E and D) Waiver, Living at Home Waiver (LAHW), Intellectual Disability (ID) Waiver, HIV-AIDS Waiver ends on September 30th. The Technology Assisted (TA) Waiver year end is February 22nd. State of Alabama Independent Living (SAIL) Waiver and Alabama Community Transition (ACT) Waiver year end is March 31st. The report must meet all CMS and federal reporting requirements including the requirements stated in the State Medicaid Manual.
LTC.003	All State Agencies and Providers except Hospice providers shall have access to the Medicaid LTC Admission Notification Software. The Hospice providers shall have designated contractors that shall access the Medicaid LTC Admission Notification Software. The State Agencies, Providers and Contractors shall only have access to recipients assigned to them. The State Agencies, Providers and Contractors shall have the ability to create new segments and add date of death and start date for recipient segment. The Nursing Home end date for Provider entered segments shall default to 12/31/2299. The end date for all Waivers segments is the last day of the month entered plus one year from the start date of the segment. The Waiver Providers may not change the segment end date to a date greater than the end date in the system.
LTC.004	The Vendor shall provide the capability for providers to download the LTC Admission Notification Software from the web to their computer. The LTC Admission Notification Software shall allow access to LTC data for their assigned recipients.
LTC.005	Maintain on-line, real-time separate rates and the effective date for each rate per facility for all Long Term Care programs. There shall be at least sixty (60) months of data available.
LTC.006	The Vendor shall monitor changes to recipient data, such as eligibility end date and recipient liability amounts or changes in provider rates to identify erroneous claim payments. The Vendor shall retroactively reprocess nursing facility claims when there is such a change. All such reprocessed claims are defined as adjustments and are not subject to administrative reimbursement.
LTC.007	The Vendor shall provide and monitor a monthly report of all changes to LTC recipient liability or eligibility end dates. The report shall include but not be limited to recipient ID, eligibility start and end dates, liability amount before change and after change, claim amount before reprocessing, claim amount after reprocessing and adjusted amount. The report shall be produced by the 5th day of the month.
LTC.008	The Vendor shall provide a monthly report of provider rate changes. The report shall include but not be limited to provider ID, rate before change and rate after change, the claim amount before reprocessing and the claim amount after reprocessing. The report shall be produced by the 5th day of the month.
LTC.009	The Vendor shall at a minimum provide the following report on a monthly basis: LTC-0007-M LTC and Waiver Monthly Activity reports. The Vendor shall provide the report by the 5th day of the end of each month and store in a document repository.
LTC.010	The Vendor's LTC Admission Notification Software shall accept electronic applications from State Agencies, providers and contractors. The LTC Admission Notification Software shall execute Agency defined edits on the application to determine acceptance or rejection. The application status shall be available to the provider through the LTC Admission Notification Software within one (1) day.

Req #	Managed Care Requirements
MC.001	The Vendor shall ensure that no capitation payments are made for Mental Health programs.
MC.002	The Vendor shall make capitated payments for voluntary enrollment in Medicare HMOs in selected counties.
MC.003	The Vendor shall provide the capability to assign providers to managed care recipients.
MC.004	The Vendor shall provide the capability on-line real-time to enter a recipient id and search availability of managed care providers and the security set-up shall limit the ability to update provider assignment.
MC.005	The Vendor shall provide an access to the Enrollment Broker to make changes to Managed Care plans through the online panels, request to the Vendor or a proprietary batch file.
MC.006	The Vendor shall provide the Managed Care Providers a list of assigned recipients each month after the recipient monthly update. The list shall be available in a full monthly HIPAA X12 834 file, daily updates of HIPAA X12 834 information and a report that is downloadable from the Provider Web Portal.
MC.007	The Vendor shall use the Alabama Medicaid algorithm guidelines for auto assigning Managed Care Providers. The available providers are currently assigned by newborn, siblings, past PMP, claims history, proximity and risk rating from the Agency. The Vendor shall apply the algorithm to unassigned managed care recipients using a batch process that shall run monthly after the monthly recipient update. The Managed Care provider assignment shall be effective the next month following the auto assignment run. For example if the providers are assigned the 1st Friday of April, the assignment shall be effective the first of May.
MC.008	The Vendor shall provide the capability for recipients or the enrollment broker to designate their managed care plan choice. Upon receipt of the information the Vendor shall assign the managed care plan identified. The Vendor shall make the managed care plan assignment within three (3) days of receipt of the information. The Vendor shall provide the capability to make managed care plan assignments for both newborn and unborn babies. The Vendor shall have the ability to use an override to make the managed care plan assignment effective the first of the following month. If no information is received, the Vendor shall assign the managed care plan using the Alabama Medicaid algorithm guideline for assigning providers.
MC.009	The Vendor shall provide the capability for managed care recipients or an enrollment broker to request provider assignment changes through the recipient call center or direct messages to the Vendor. The changes shall be made on-line real-time and effective date shall the 1st day of the next month.

Req #	Managed Care Requirements
MC.010	The Vendor shall produce reports on the frequency and run dates requested and distributed as indicated in associated chart. They shall be produced after all monthly updates to managed care data. The Vendor shall ensure providers are only provided access to information on recipients assigned to them. The Vendor shall provide secured Web access to providers for the viewing and download of indicated reports. HMNMC047 - Medicare Eligible's Report - Monthly Bit Cycle MGD-0004-M - Capitation Payment Listing for Medicare Advantage - 1st Checkwrite - shall chg to cap checkwrite when managed care goes live. MGD-0005-M - Capitation Payment Listing for Managed Care - Cap Checkwrite MGD-0006-M - Kick Payment Listing for Managed Care - Cap Checkwrite MGD-0056-M - Monthly PMP Enrollment Roster for Medicare Advantage - Monthly Bit Cycle MGD-0057-M - Monthly Managed Care Enrollment Roster - 28th MGD-0070-M - Monthly Managed Care Enrolled But Not Eligible - Monthly Bit Cycle MGD-0080-M - Capitation Errors - 28th MGD-0100-M - Capitation Payment Listing Summary by Provider - 28th MGD-0302-M - Capitation Summary by Program - 28th MGD-A059-M - Medicare Advantage Enrollment Summary - Monthly Bit Cycle MGD-A111-M - Load Balancing by Risk - 28th MGD-A125-M - Retro Medicare to be Recouped - 28th MGD-A130-M - Capitation Payment Summary - 28th MGD-A131-M - Capitation Payment Summary by Managed Care - 28th MGD-A516-D - Enrollment and Transfer Errors - Daily MGD-A810-M - Monthly Medicare Advantage Enrollment and Errors - Monthly Bit Cycle MGD-A815-M - Manual Override of EDB Information - Monthly Bit Cycle mgm71802.dat - Capitation Reconciliation Report (Tab-delimited Format) - Monthly Bit cycle

Req#	Medical Services Requirements
MS.001	The Vendor shall not pay capitation payments for Mental health programs.
MS.002	The Vendor shall accept and process recipient requests for information on prior authorization status or any other recipient type questions.
MS.003	The Vendor shall have a table for capitation fee processing. The table shall contain current and history capitation fees components with start dates, end dates, and amounts. The capitation fee shall be based on the active entries at the time of processing.
MS.004	The Vendor shall ensure the managed care recipients are identifiable in DSS so that the Agency can do ad-hoc reporting as needed.
MS.005	The Vendor shall support the administration of a variety of different service delivery models, including managed care plans agreements. This support also includes producing, submitting, and revising, if necessary, new or existing reports on a timely basis as necessary to monitor the managed care plans.
MS.006	The Vendor shall provide the capability to identify procedure codes that require a Medical Services prior authorization. There shall be claim edits that prevent the payment of claims when the procedure code indicates a PA is required but there is no PA on file.
MS.007	The Vendor shall ensure the Medical Services program has the ability to use special override codes that shall allow claims to be paid that would normally be denied.
MS.008	The Vendor shall distribute provider and recipient notices that are prepared by Medicaid within five (5) days of the request.
MS.009	The Vendor shall be responsible for maintaining covered services, non-covered services, and benefit limits. The Vendor shall use system maintenance hours for these changes.
MS.010	The Vendor shall produce the Medical Services reports defined in the Alabama MMIS Reports Listing located in the Procurement Library.

Req #	EPSDT Requirements
EPSDT.001	The Vendor shall generate EPSDT notices to patient's primary screening providers monthly for screening based on the State periodicity schedule no later than the 10th of the month preceding the month in which the screening is due. These notices shall be available to providers electronically on the WEB Portal or they can submit a written request to the Vendor to receive a hard copy.
EPSDT.002	The Vendor shall generate and mail lists on a monthly basis informing providers of the need to provide immunizations to eligibles assigned to them under managed care or patient's primary physician in the fee for service (FFS) environment. The list shall be to the provider no later than the 10th of the month preceding the month in which the immunization is due. A copy of the report shall be stored in a document repository and available to the Agency.
EPSDT.003	Upon request the Vendor shall produce an EPSDT referred services report. The report shall be stored in a document repository and available to the Agency.
EPSDT.004	The Vendor shall generate and validate all federally mandated reports, as specified by the Agency. Currently, the CMS-416 is the only federally required report. The report shall be generated annually within three (3) days of the last checkwrite in February. The Vendor shall produce the report and the DSS supporting queries for the previous fiscal year ending September 30th. The report must meet the CMS-416 reporting requirements. A copy of the CMS-416 report shall be stored in a document repository and available to the Agency.
EPSDT.005	The Vendor shall generate and validate the CMS-416 quarterly report and the DSS supporting queries by the 10th of the month following the end of the quarter. The quarterly report is used by the State to monitor the EPSDT program. The Vendor shall notify the State upon completion of report. A copy of the CMS-416 report shall be stored in a document repository and available to the Agency.
EPSDT.006	The Vendor's system shall capture EPSDT medical, dental, hearing and vision screening data and services for EPSDT eligible's from fee for service data, health plan encounter data and/or a combination thereof for the formulation of the CMS-416 report.
EPSDT.007	The Vendor shall maintain on-line real time inquiry and search capability to recipient EPSDT screening information including: • ICN, • Dates of service, • Procedure codes, • Screening provider number, • Recipient ID, • Procedure codes, Diagnosis codes, • PMP number, • Age, and • Screening description.
EPSDT.008	The Vendor shall audit all screening and immunization claims adjudicated (paid and denied) during claims processing. The claim data that relates to EPSDT includes but is not limited to: • Screening results and dates, • Referrals, • Treatment dates for abnormal conditions, and • Immunization status. The Vendor shall maintain EPSDT data in the EPSDT system.
EPSDT.009	The Vendor's system shall process EPDST claims that are payable without a referral and enforce the referral restriction for services that are only payable with an EPSDT referral.
EPSDT.010	The Vendor's system shall have the capability to track and report services provided both within the State Plan and outside the State plan.

Req #	MAR Requirements
MAR.001	The Vendor's Management Reporting Tool must compile and report data summarizing all services rendered under the Medicaid program requested by the Agency.
MAR.002	The Vendor shall provide reports based on Expenditures by Category of Service (COS). Selection criteria shall include but not be limited to, Benefit Plan, Aid Category, State COS, State Sub-COS, Fund Code, Unduplicated Recipient Count, and payment dates. The report shall have the capability to report by month, quarter, and fiscal year at the Agency's request. The report shall have the ability to compare reports with different selection criteria and shall include, but not be limited to, State Category of Service and description, Aid Category and description, Unduplicated Recipient Count, Units of Service, Paid Amount, and Average Paid Amount per Recipient. This information shall be available on-line real-time.
MAR.003	The Vendor shall provide reports based on Payment by Category of Service (COS). Selection criteria shall include but not be limited to, Benefit Plan, Fund Code, Aid Category, State COS, State Sub-COS, Claim Type, Transaction Type, Unduplicated Recipient Count, and payment dates. The report shall have the capability to report by month, quarter, and fiscal year at the Agency's request. The report shall have the ability to compare reports with different selection criteria. The report shall include, but not be limited to, State Category of Service and description, Unduplicated Recipient Count, Number of Claims, Units of Service and Paid Amount for Paid Claims, Number of Claims and Billed Amount for Denied Claims. This information shall be available on-line real-time.
MAR.004	The Vendor shall provide reports based on Recipient Participation by Aid Category. Selection criteria shall include but not be limited to, Benefit Plan, Aid Category, State COS, State Sub-COS, Gender, Unduplicated Eligible's, County/Region, Age Group, Race, Unduplicated Recipients, and payment dates. The report shall have the capability to report by month, quarter, and fiscal year at the Agency's request. The report shall have the ability to compare reports with different selection criteria. The report shall include, but not be limited to, Aid Category and description, Unduplicated Eligible's, Unduplicated Recipients, Percent Eligible Participation, Number of Claims Paid, Billed, Allowed, and Paid Amounts, Average Paid Amount per Eligible, and Average Paid Amount per Recipient. This information shall be available on-line real-time.
MAR.005	The Vendor shall provide reports based on Payment by Provider Type. Selection criteria shall include but not be limited to, Benefit Plan, Fund Code, Provider Type, Provider Specialty, Claim Type, Transaction Type, and payment dates. The report shall have the capability to report by month, quarter, and fiscal year at the Agency's request. The report shall have the ability to compare reports with different selection criteria. The report shall include, but not be limited to, Provider Type and Specialty and descriptions, Amount of Claims, Units of Service, and Paid Amount for Paid Claims, Amount of Claims and Billed Amount for Denied Claims. This information shall be available on-line real-time.

Req#	SUR Requirements
SUR.001	The Vendor shall respond to any issue related to the SUR system within one (1) day of the issue being discovered or notified by the Agency. The response shall be a temporary work-around, a resolution to the issue, or a plan of action. Work-around or a plan of action shall be resolved to the Agency's approval within thirty (30) calendar days of opening the issue.
SUR.002	The Vendor shall designate a SURS Analyst to support SUR Recipient, SUR Provider and SUR Pharmacy. The SURS Analyst shall have a minimum of two (2) years' experience with utilization reviews. This support shall include but not be limited to on-site support at the request of the Agency, training, user manual updates, net meeting or webinar, telephone and e-mail support. The SURS Analyst shall respond to all issues, telephone or e-mail inquiries within one (1) day with the answer to the question or a suggested temporary work-around (maximum of thirty (30) days for work-around) for a problem. The SURS Analyst must be at the Vendor's Montgomery AL facility and available to support the Agency within thirty (30) days of contract signing. The SURS Analyst shall be available to support testing of enhancements and any transitional task.
SUR.003	The Vendor's SUR system shall report on encounter claims and amounts as well as FFS claims. The Vendor shall ensure that paid amount for Encounter claims are at a header level and that FFS are paid at a detail level.
SUR.004	The Vendor shall maintain the SUR functionality that • Utilizes adjudicated claims data, encounter data and enrollment data, • That has the capability to provide summary and individual data, and • Performs exception processing.
SUR.005	The Vendor shall ensure that the analysis of any issue (change order or defect) identifies the impact to SUR and initiate a change order to modify SUR if applicable. The Vendor shall produce and document testing to ensure the change is correct and there are no negative impacts to the current system. The test results must be sent to the Agency or presented in person as requested by the Agency to obtain approval.
SUR.006	The Vendor's SUR system shall allow documents and correspondence to be uploaded and attached to a case using the case tracking function of the system.
SUR.007	The Vendor shall produce Management summary reports, by case type and peer group, to include such areas as: • Case Types/Peer Group Field Totals, • Frequency Distributions, • Exception Report Item Totals (including norms, class group reports, exception limits, and number of exceptions), • Profile reports, • Recipient Exception Profiles, • Provider Exception Profiles, • Recipient Summary Profiles, • Provider Summary Profiles.
SUR.008	The Vendor shall allow unlimited peer groups and case types for providers and recipients.
SUR.009	The Vendor shall produce ambulatory and inpatient services provided to nursing facility residents within a single report by long-term care facility (long-term care wraparound reporting) to include LTC and inpatient and outpatient hospital claims.
SUR.010	The Vendor shall allow provider and recipient reports to select FFS (Fee For Service) claims, Encounter claims, or both.

Req #	DSS Requirements
DSS.001	The Vendor shall ensure the DSS claim, financial and MAR data shall be updated after each checkwrite and the data must be available the first day after completion of the checkwrite processing.
DSS.002	The Vendor shall ensure that DSS defines and populates all elements from claims, claims history, all financial transactions and reference. This shall include but not be limited to refunds, adjustments, re-keys, voids, payouts, buy-in premiums and HIPP payments.
DSS.003	The Vendor shall ensure the TPL, recipient, provider, prior authorization and reference data is updated weekly and the data must be available the first day of the week.
DSS.004	The Vendor's DSS shall have modeling and forecasting features that provide the user with the flexibility to identify and test assumptions about the Medicaid program (particularly with regard to budget management, cost containment, utilization management, program operations and access to care).
DSS.005	The Vendor's DSS shall continue to allow Medicaid to take full advantage of the breadth and depth of Medicaid/managed care data captured on the MMIS to more effectively manage the complexity and scope of the Agency fee for service (FFS) and managed care programs and to aggressively contain costs while ensuring access to medically necessary, quality health care.
DSS.006	The Vendor's DSS shall provide program management, financial analysis and ad hoc reporting, audit support, and analysis and reporting of access, quality, use and cost of fee for service care and managed care incorporating encounter as well as fee for service data.
DSS.007	The Vendor's DSS shall provide multiple output media capabilities, including Vendor printing, on-line real-time report viewing and batch report viewing. DSS shall allow all reports to be saved in multiple formats including but not limited to text and MS EXCEL.
DSS.008	The Vendor shall provide beginner and intermediate DSS training every month for up to twenty-four (24) Agency personnel. DSS Advanced training which includes temp tables, graphing, decision modeling and statistical modeling shall be provided once a quarter for up to twenty-four (24) Agency personnel. The training shall occur in a laboratory environment at the Agency.
DSS.009	The Vendor's DSS shall provide drill-down, graphing, decision modeling, statistical modeling, spreadsheet and geographic mapping capabilities and the capability to import external, geographically specific normative data for benchmarking during analysis. The Vendor's DSS shall maintain the capability to trend or compare information over various timeframes, make seasonal adjustments and display graphically. The Vendor's DSS shall have the ability to visually present information in tabular and graphic/chart form, including econometric and time series analysis and reporting.
DSS.010	The Vendor shall provide a full-time DSS Technician on site at the Medicaid Agency with knowledge of MMIS program operations, DSS modeling and reporting capabilities to support the Agency super-users. The Vendor's technician shall assist Agency staff in utilizing the DSS/Ad Hoc Reporting capabilities, including assistance with the development and maintenance of ad-hoc and/or stored queries. This shall also include expert technical assistance in mapping data by geographic regions, designing queries, pre-programmed reports, and in the development of graphs.

Req #	Recipient Accounts Receivable Requirements
RAR.001	The Vendor shall produce a report monthly of all active recipient accounts receivable (AR) information. This report shall be available the first working day of the month.
RAR.002	The Vendor shall produce a report monthly of all recipients whose accounts receivables have a negative balance. This report shall be available the first working day of the month.
RAR.003	The Vendor shall provide a panel that the Agency shall use to update the recipient overpayment amount. The panel shall pull the recipient information from the recipient master file. The panel shall allow the Agency to request an initial notice. An additional notice shall be generated by the system thirty (30) days after the initial notice. The Vendor shall allow the Agency to force a notice at any time. The Vendor shall produce the notices using a template approved by the Agency. The notices shall systemically populate with all the recipient and Recipient AR information. The Vendor shall produce the notices in a format that can be updated and or modified in MSWord.
RAR.004	The Vendor shall maintain recipient accounts receivable amounts until the accounts are closed (from one fiscal year to the next).
RAR.005	The Vendor shall identify those individuals or entities subjected to Tax Intercept. The criteria for Tax Intercept shall be defined by the Agency.
RAR.006	The Vendor shall generate and transmit the Tax Intercept information to the State Department of Revenue via the current Dept. of Revenue approved method no later than the last business day of the year. The information shall include but not be limited to name, social security number, reason for debt and amount of debt.
RAR.007	The Vendor shall generate and mail Tax Intercept notification letters to recipients, sponsors or other responsible parties by October 1st, of each year. Any letter returned to the Vendor shall require the Vendor to verify the recipient information and re-mail if a newer address or information is available.
RAR.008	The Vendor shall maintain on-line real-time access and update capability to an accounts receivable file which processes and reports financial transactions by type of transaction and recipient. The file shall include but not be limited to: • Recipient name and number, • Sponsor name, • Account balance, • Reason indicator, • Type of collection, • Program and Collection Authority, • Tax Intercept indicator.
RAR.009	The Vendor shall maintain on-line real-time update and inquiry to financial information with access by Recipient ID, Social Security Number and by Recipient Name, to include but not be limited to: • Overpayment information, • Receivable account balance and established date, • Type of collections made, • Amount and date, • Deposit date.
RAR.010	The Vendor shall maintain a panel to support online real-time reports on recipient accounts receivable collections and outstanding balances in aggregate and/or individual accounts as approved by the Agency. The report shall be available daily, weekly and monthly.

Req #	Integrated Test Facility Requirements
ITF.001	The Vendor shall provide at a minimum five (5) days to review test results. Any test results with less than a five (5) days review time shall require the Vendor to schedule an on-site review at the Agency. All test results must have the approval of the function process owner before being moved to production.
ITF.002	Any data or transactions from a test environment shall not be included in production reports or counts.
ITF.003	The Vendor shall develop and maintain the procedure documentation for system change, development and test processes. The documentation and process shall be approved by the Agency.
ITF.004	The system shall contain more than one (1) integrated test facility region. The purpose of providing multiple test regions is to ensure the stability of the system and the data when major enhancements are being tested. This shall allow the Vendor to make changes without having to freeze the system or data at the expense of other system changes (i.e., testing new edit logic).
ITF.005	The Vendor shall provide the Agency with on-line access to all test environments and all test files to submit test data independently.
ITF.006	#1 UAT (User Acceptance Test) - An integrated test facility is designed to allow test claims to be processed through a simulated production environment. The UAT shall contain full copies of all production data. The financial cycles from UAT shall not result in payments by EFT or printed checks. All reports and files shall be available in a storage area clearly identified and different from production. The data from the UAT environment shall be exported to UAT DSS (Decision Support System).
ITF.007	The system shall allow on-line real-time updates to all functional areas in UAT. The changes shall include but not be limited to recipients, providers, claims, financial, reference, Waivers, Long Term Care, Patient 1st, PA, managed care and TPL.
ITF.008	There shall be a point of contact identified for UAT paper claims, PA and consent forms. These shall need to be processed for the UAT, scanned and stored in a report repository or repository folder other than production. The requested updates shall be made within two (2) days of receipt of the request.
ITF.009	Claim copies, adjustments and consent forms shall be stored in a report repository or repository folder other than production.
ITF.010	The Vendor shall not process checks or EFT for UAT providers.

Appendix I: Procurement Library Contents

- MITA State Self-Assessment (SS-A) Roadmap (2016)